MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 379

9337 Item 11 FilmG188 11-10-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City 3V01-4

STREET ADDRESS (If rural, give location) Green Mount Ave.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Schultz (Last) Abercrombie

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Widow 8. DATE OF BIRTH: May 13, 1872 9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician 10B. KIND OF BUSINESS OR INDUSTRY: Medicine

11. BIRTHPLACE (State or foreign country): Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. G. Schultz

14. MOTHER'S MAIDEN NAME: Louise Colman (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Dr. Ronald T. Abercrombie - 100 W. Univ. Pkwy.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

463X

IMMEDIATE CAUSE (A) Pulmonary embolus — minutes

DUE TO

ANTECEDENT CAUSE (B) Thrombophlebitis of legs — one month

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Central arteriosclerosis — yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1955 to present, 19..., that I last saw the deceased alive on 10/27, 1955, and that death occurred at 3:00 P.M. from the causes and on the date stated above.

SIGNATURE Ernest C. Brown Jr. M.D. ADDRESS 1101 N. Calvert St DATE SIGNED 11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF Nov 2/55 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 11/1/55 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR Stewart T. Mowlem Co. | ADDRESS 108 W. North Ave. Balto. Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9398

Reg. Dist. No. 09380

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 1yr. 7mos. 2wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 212 E. Street

3. NAME OF DECEASED: (Type or Print) (First) G. (Middle) Sherman (Last) Adams
4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 11-13-1873
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: COAL & SCRAP STEEL
11. BIRTHPLACE (State or foreign country): Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Randal Adams
14. MOTHER'S MAIDEN NAME: Polly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 402-01-1653
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Arteriosclerotic Heart Disease	18 mos.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	5+ yrs.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1954, to Oct. 24, 1955, that I last saw the deceased alive on Oct. 24, 1955, and that death occurred at 8:30 P M, from the causes and on the date stated above.

SIGNATURE Louie Frances Hardward M. D. ADDRESS Spring Grove State Hosp. Catonsville 28, Md. DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-28-55
NAME OF CEMETERY OR CREMATORY BELAIR MEMORIAL
LOCATION (City, town, or county) (State) BELAIR, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 28, 1955
REGISTRAR'S SIGNATURE Victor E. Harry
24. FUNERAL DIRECTOR Walter Burke Bradley
ADDRESS Hendall, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9399

09381

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 46

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pulaski Hgwy. near Middle River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk, Turner's Station
STREET ADDRESS (If rural, give location) 129 Main Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) I. (Last) ADAMS Road

4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 27, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Night Club

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Iwin Adams

14. MOTHER'S MAIDEN NAME: Emma Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosa Adams, 123 Main Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

983X

Immediate cause (a) Asphyxiation

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) strangulation

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ ~~CAUSE OF~~ DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) field

21c. (City or town) (County) (State) Pulaski Hgwy. near Middle River Road

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/15/55 3:15 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Strangled with rope.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Willis Hoover M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/19/55

NAME OF CEMETERY OR CREMATORY Arbutus

LOCATION (City, town, or county) (State) Baltimore. Maryland

DATE REC'D BY LOCAL REG. 10/19/55

REGISTRAR'S SIGNATURE ~~Huntington Williams, M.D.~~ Mrs Ruth Hurley

24. FUNERAL DIRECTOR Elroy O. Wilson, ADDRESS 2004 Orleans Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

ah

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09382

9410

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave. House in the Pines 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Balto.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2726 Oakley Ave.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MURRAY (Last) ALBAUGH

4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 16, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife -rtd
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Richardson
14. MOTHER'S MAIDEN NAME: Laura --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Bryson R. Albaugh - 2726 Oakley Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X (A) Myocardial Decompensation - 1 wk.

DUE TO

ANTECEDENT CAUSE (S) (B) Chr. Hypertensive Cardio-Vasc. Disease ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1955, to 10-7, 1955, that I last saw the deceased alive on 10-7, 1955, and that death occurred at 4:10 P. M, from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager M. D. ADDRESS Catonsville-28, Md. DATE SIGNED 10-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/10/55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR OCT 10 55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Tuhner & Sons
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

09383

MARYLAND

STATE DEPARTMETT OF HEALTH

9471

CERTIFICATE OF DEATH

Reg. Dist. No.

Items 13,14 FilmG188 10-25-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4209 Thorncliff Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea

STREET ADDRESS (If rural, give location) 4209 Thorncliff Road #6

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Daniel H. (Last) Alley Sr.

4. DATE OF DEATH (Month) Oct. (Day) 17th (Year) 1955

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 16, 1878 | 9. AGE last birthday 77 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker Ret | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Richmond, Virginia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-18-0918

17. INFORMANT AND ADDRESS Mr. Daniel H. Alley, Jr. 4209 Thorncliff Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) heart failure

Antecedent cause(s) (b) chron. myocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown | 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1955, to Oct 17, 1955, that I last saw the deceased alive on Oct 16, 1955, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DR. RICHARD R. RIGLER DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct. 19, 1955 | NAME OF CEMETERY OR CREMATORY Moreland Memorial Park | LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. 10/19/55 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR Leonard J. Ruck | ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

I

Dr. Rigler
1 W. Overlea Ave.
9 - 11 A.M.

9387

09384 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson 51
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1932 Sulphur Springs Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson 51
STREET ADDRESS (If rural, give location) 1932 Sulphur Springs Rd

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Ammond (Last)
4. DATE OF DEATH (Month) Oct (Day) 26, (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 3 1888
9. AGE Last birthday: 67 yrs.
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 212 05 2239
17. INFORMANT & ADDRESS: Augusta K. Ammond 1932 Sulphur Springs Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jer McKieffer M. D. 1010 Leader
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Oct 27 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-29 53
NAME OF CEMETERY OR CREMATORY Fairview Park
LOCATION (City, town, or county) (State) Balto Md
DATE REC'D BY LOCAL REG. Oct 27 53
REGISTRAR'S SIGNATURE Jer McKieffer
24. FUNERAL DIRECTOR Howard H Hubbard
ADDRESS 4107 Belhaven Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Mr. Geo. Brown
Mr. A. Pace
11-30 PM

MARYLAND STATE DEPARTMENT OF HEALTH

09385

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

9374

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (In this place) 7 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 NORTHSHIP Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) 53
STREET ADDRESS (If rural, give location) 47 NORTHSHIP Rd

3. NAME OF DECEASED (Type or Print): (First) ABRAM (Middle) GOOD (Last) BACHMAN
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1955
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JULY 10, 1873
9. AGE last birthday 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER
10b. KIND OF BUSINESS OR INDUSTRY BARBERING.
11. BIRTHPLACE (State or foreign country) PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ABRAHAM M. BACHMAN
14. MOTHER'S MAIDEN NAME MARIA GOOD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 181-05-1813
17. INFORMANT HELEN W. BACHMAN - WIDOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis. Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
D. Donno M.D. Dep. Dist. Health Officer - Dundalk 22. Md. - 10/19/55

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 10-20-55 | NAME OF CEMETERY OR CREMATORY MEADOWRIDGE | LOCATION (City, town, or county) HOWARD Co. Md. (State)

DATE REC'D BY LOCAL REG. Oct 19-1955 | REGISTRAR'S SIGNATURE William M. Kelly | 24. FUNERAL DIRECTOR Walter Amb. Brady, Dundalk, Md. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09386

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9432

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2802 Linganore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville X
STREET ADDRESS (If rural give location) 2802 Linganore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Rebecca (Last) Baker

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 15, 1879
9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin F. Baker
14. MOTHER'S MAIDEN NAME: Almira Krout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Gladys A. Rosier - 2802 Linganore Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

144X IMMEDIATE CAUSE (A) Carcinoma of the breast — 6 yrs.

ANTECEDENT CAUSE (S) DUE TO with Gen. metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1955, to Oct 31, 1955, that I last saw the deceased alive on Oct 24, 1955, and that death occurred at 2:30 P M, from the causes and on the date stated above.

SIGNATURE S. Shilowen M.D. ADDRESS 7122 Surrey Rd DATE SIGNED 11/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 11/3/55
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 11/2/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS Ellsworth Armacost - 4600 Liberty Heights Ave. 7

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09387

9473

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 Fairmount Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55
STREET ADDRESS (If rural give location) 506 Fairmount Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mae (Middle) Elizabeth (Last) Baker

4. DATE OF DEATH: (Month) Oct. (Day) 10, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 9, 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Stewart

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Harry Baker

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X

IMMEDIATE CAUSE (A) Hemorrhage of Intestine

DUE TO

ANTECEDENT CAUSE (S) (B) Ascending Colon from Carcinoma

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) of Ascending Colon — 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1955, to Oct., 1955, that I last saw the deceased alive on Oct. 10, 1955, and that death occurred at 9 a M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnelland M.D. ADDRESS 750 York Rd Towson DATE SIGNED Oct 11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 12, 1955

NAME OF CEMETERY OR CREMATORY Black Rock Cemetery

LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 12, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09388

CERTIFICATE OF DEATH

A 9404

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Peace 16 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 512 Charingcross Rd

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) L. (Last) Ball

4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed 8. DATE OF BIRTH: June 23/64 9. AGE last birthday 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Ret. Clerk 10B. KIND OF BUSINESS OR INDUSTRY: Balto. City 11. BIRTHPLACE (State or foreign country): Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen Ball 14. MOTHER'S MAIDEN NAME: Ann Deacon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Gross 512 Charing Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — 1 hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Generalized Arteriosclerosis — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1955 to Oct. 14, 1955, that I last saw the deceased alive on 10-14, 1955, and that death occurred at 5:00 P.M. from the causes and on the date stated above.

SIGNATURE Wilmer R. Zeller M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 10-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Oct. 17/55 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR 10/17/55 REGISTRAR'S SIGNATURE V. E. Harvey 24. FUNERAL DIRECTOR Harry H. Wittle ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09389

9495 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: Talbot
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 20-40-2 ✓

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) BARTLETT
4. DATE OF DEATH: (Month) (Day) (Year) October 29 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: August 7, 1869
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard Frampton
14. MOTHER'S MAIDEN NAME: Ellen Rigby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X IMMEDIATE CAUSE (A) Bronchopneumonia — 3 weeks

DUE TO

ANTECEDENT CAUSE (S) (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Fall of, 1954, to present, 19..., that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE Ernest C. Brown Jr. M.D. ADDRESS 1101 N. Calvert St Balt. DATE SIGNED Oct. 30, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 31, 55
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09390

9406

CERTIFICATE OF DEATH

Reg. Dist. No. 8X

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 5 HRS.40 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 3817 W. COLDSPRING LANE

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) B. (Last) BATES

4. DATE OF DEATH: (Month) OCTOBER (Day) 17 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 8/8/95

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL CO.

11. BIRTHPLACE (State or foreign country): ARNOLD, N. CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: THOMAS BATES

14. MOTHER'S MAIDEN NAME: SCARA WEAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220-03-6435

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) RIGHT CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from OCT. 17, 1955, 12:20 PM to OCT. 17, 1955, 6:00 PM and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M.D.
ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 10-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: OCT 20, 1955
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEM.
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 10-19-55
REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: WM. COOK-BLIGHT, INC.
ADDRESS: 6009 HARFORD ROAD, BALTIMORE 14, MARYLAND
Wm Cook Blight Inc

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9388

CERTIFICATE OF DEATH

09391

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Halethorpe

LENGTH OF STAY (in this place): 8 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1801 Woodside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe

STREET ADDRESS (If rural give location): 1801 Woodside Ave

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Filden (Last) Baublitz

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: January 8, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10B. KIND OF BUSINESS OR INDUSTRY: US Navy Yard

11. BIRTHPLACE (State or foreign country): Beckleyville Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Baublitz

14. MOTHER'S MAIDEN NAME: ~~Sarah~~ Molly Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-16-2081

17. INFORMANT & ADDRESS: Mrs Clara A. Baublitz Halethorpe Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion Sec.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO A. S. C. V. D.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1955, to 10/12, 1955 that I last saw the deceased alive on 10/12, 1955, and that death occurred at 8 AM M. from the causes and on the date stated above.

SIGNATURE John C. Neely M. D. ADDRESS Halethorpe Md DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/15/55

NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery

LOCATION (City, town, or county) (State): Laurel Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct 15-55

REGISTRAR'S SIGNATURE: Geo. T. M. Steffey

24. FUNERAL DIRECTOR: DeWitt Donaldson ADDRESS Laurel Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09392

9407

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 508 Sudbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 508 Sudbrook Rd.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) H. (Last) BAUER, Sr.

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 20, 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 3, 1870
9. AGE last birthday 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Dairyman
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Bauer
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Bergen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mrs. Johanna Bauer - 508 Sudbrook Rd., Pikesville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

493X

IMMEDIATE CAUSE (A) Pneumonia — 1 week

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Abdominal tumor

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1955, to Oct 20, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Louis Salmon M. D. ADDRESS Pikesville 8, Md DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/22/55
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 24-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Vickner & Sons
ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09393

9498

CERTIFICATE OF DEATH

Item 12, FilmG188 11-3-55 et

Reg. Dist. No. 30

1. PLACE OF DEATH

COUNTY Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 635 North Bend Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52

STREET ADDRESS (If rural give location) 635 North Bend Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Bauer (Last)

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 55 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb. 19, 1875

9. AGE last birthday 82 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor of Grocery Store

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ----Bauer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS (Daughter) Mrs. John Staib, 3612 Elkador Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Arteriosclerotic cardio — INTERVAL BETWEEN ONSET AND DEATH: 1 mos

ANTECEDENT CAUSE(S) DUE TO (B) vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11/55, 19..., to 10/26, 19 55, that I last saw the deceased alive on 10/26, 19 55, and that death occurred at 9:10 M, from the causes and on the date stated above.

SIGNATURE Benjamin Wells M.D. **ADDRESS** (Street, city, town, state) 1031 William Ave **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 29/55

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) Baltimore, Md. (State)

24. REC'D BY REGISTRAR DATE Oct. 28, 1955

REGISTRAR'S SIGNATURE Victor E. Harris

25. FUNERAL DIRECTOR'S SIGNATURE Harry H. Witzke, 4101 Edmondson Ave. **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09394

9409

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place)
54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 803 PLATUIM AVE
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
54
STREET ADDRESS (If rural, give location) 803 PLATUIM AVE

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) M (Last) BEARMAN

4. DATE OF DEATH: (Month) OCT. (Day) 18 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: OCT. 11-1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RUFUS K BEARMAN SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

410X

Immediate cause (a) Acute Pulmonary Edema

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebrovascular C.V.D.

DUE TO

(c) Mitral Stenosis Arrythmia

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 7, 1954, to OCT. 18, 1955, that I last saw the deceased alive on OCT. 18, 1955, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE Samuel J. Hanson (DEGREE OR TITLE) MD ADDRESS 347 Fairfield Pkwy DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 10/21/55

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) BALTO. (State) MD

DATE REC'D BY LOCAL REG. 10/21/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John J. Connelly ADDRESS Essex Md.

3479 Lib. Pedway.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09395

9410

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 3 hrs. 55 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 22 53
STREET ADDRESS (If rural give location) 8708 WISE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (NMI) (Last) BERNICK

4. DATE OF DEATH: (Month) OCTOBER (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 12/24/86
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10B. KIND OF BUSINESS OR INDUSTRY: COAL MINES
11. BIRTHPLACE (State or foreign country): SHENANDOAH, PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BERNICK
14. MOTHER'S MAIDEN NAME: JULIA RECTOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 179-09-7580
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP.FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) OLD AND RECENT INFARCTS OF THE HEART — UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 16, 1955, to OCT. 16, 1955, that I last saw the deceased 12:35 PM 19 4:30 PM, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDERCUTT, M. D. — ADDRESS M.D. VAH FORT HOWARD, MARYLAND — DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Oct 19, 1955 — NAME OF CEMETERY OR CREMATORY SACRED HEART CEMETERY — LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 10-18-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WM. COOK BLIGHT INC. FUNERAL HOME — ADDRESS 6009 HARFORD RD., BALTIMORE 14, MARYLAND

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9411

CERTIFICATE OF DEATH

Reg. Dist. No. 09396

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6802 Navajo Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 6802 Navajo Drive

3. NAME OF DECEASED: (Type or Print) (First) Jacques (Middle) C (Last) Bernstein

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Liquor
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerome C. Bernstein
14. MOTHER'S MAIDEN NAME: Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hilda Bernstein — Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY INFARCTION — 12 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 9, 1950, to October 14, 1955, that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE Melvin N. Borden M.D. ADDRESS Bel Air, Md 5000 Old Frederick Rd DATE SIGNED 10/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-16-55
NAME OF CEMETERY OR CREMATORY Baltimore Hebrew
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR OCT 15 1955
REGISTRAR'S SIGNATURE Dorothy Newell
24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9412

09397

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE COUNTY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place) 1 YEAR

52

HOSPITAL OR INSTITUTION OR STREET ADDRESS HOUSE IN THE PINES 16 FUSTING AVE

90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY 3401-4

STREET ADDRESS (If rural, give location) 3603 GLEN AVE.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) BERNSTEIN

4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 1955

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER

8. DATE OF BIRTH UNKNOWN

9. AGE Last birthday 80 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPTOMETRIST

10b. KIND OF BUSINESS OR INDUSTRY OPTICAL

11. BIRTHPLACE (State or foreign country) LITHUANIA

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME HARRY BERNSTEIN

14. MOTHER'S MAIDEN NAME GERTRUDE RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS MRS ALBERT STARK 3603 GLEN AVE, BALTIMORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — 5 MINUTES

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CORONARY ARTERIOSCLEROSIS — 1 YEAR

(c) GENERALIZED ARTERIOSCLEROSIS — 5 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 10-22, 1955, that I last saw the deceased alive on 10-15, 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE Melton Bernstein (Degree or title) M.D. ADDRESS 3202 TANEY RD, BALTIMORE 15, MD DATE SIGNED 10-22-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10-23-55 — NAME OF CEMETERY OR CREMATORY Rosedale — LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 10-23-55 — REGISTRAR'S SIGNATURE V. E. Harry — 24. FUNERAL DIRECTOR Jack Lewis Co — ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09398

9413

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2615 Joppa Terr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural give location) 2615 Joppa Terraco

3. NAME OF DECEASED: (Type or Print) (First) ERVIN (Middle) R. (Last) BLOEDORN

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 5, 1891
9. AGE last birthday 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rtd
10B. KIND OF BUSINESS OR INDUSTRY: Stock Exchange
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Bloedorn
14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 214-20-6072
17. INFORMANT & ADDRESS: Mrs. Grace A. Bloedorn-2615 Joppa Terr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260X IMMEDIATE CAUSE	(A)	Coronary occlusion	7 days
DUE TO			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	Cardio-Vascular disease	3 yrs
DUE TO			
	(C)	Diabetes Mellitus	10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to Oct 30, 1955, that I last saw the deceased alive on Oct. 29, 1955, and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE Homer W. Todd M.D. ADDRESS 2108 St Paul St. DATE SIGNED 10/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/2/55
NAME OF CEMETERY OR CREMATORY Forest Home Cem.
LOCATION (City, town, or county) (State) Chicago, Ill

DATE REC'D BY LOCAL REGISTRAR 11/1/55
REGISTRAR'S SIGNATURE A. A. Hedgepeth
24. FUNERAL DIRECTOR Wm J Vickers & Sons.
ADDRESS Balto 17 Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09399

9414

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD — LENGTH OF STAY (in this place) 2 HRS. 20 MINS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE-27 03X-1

STREET ADDRESS (If rural give location) 1319 BIRCH AVENUE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) T. (Last) BLOUNT

4. DATE OF DEATH: (Month) OCTOBER (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 8/12/25

9. AGE last birthday 30 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TECHNICIAN

10B. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MACK BLOUNT

14. MOTHER'S MAIDEN NAME: RUTH MCCARRON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 221-72-0863

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — UNKNOWN

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. GLOMERULONEPHRITIS — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 1, 1955, 2:15 PM to OCT. 1, 1955, 4:35 PM, that I last saw the deceased alive on ~~[illegible] 19~~, and that death occurred at 4:35 PM, from the causes and on the date stated above.

SIGNATURE Walter Pijanowski — ADDRESS — DATE SIGNED

WALTER PIJANOWSKI, M.D. M.D. VAH, FORT HOWARD, MD. 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF 10-5-55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Oct. 6-55 — REGISTRAR'S SIGNATURE Damon L. Harbe

24. FUNERAL DIRECTOR HOWARD H. HUBBARD FUNERAL HOME — ADDRESS 4107 Wilkens Av., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9415

CERTIFICATE OF DEATH

Reg. Dist. No. 09400

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD,
LENGTH OF STAY (in this place) 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 442 E. CROSS STREET

3V01.4

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (NMI) (Last) BOERNER

4. DATE OF DEATH: (Month) OCTOBER (Day) 8 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 9-1-97
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL CO.
11. BIRTHPLACE (State or foreign country): BRUNSWICK, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER E. BOERNER
14. MOTHER'S MAIDEN NAME: REBECCA MOHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 214-03-5056
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTIONS LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSE (S) (B) CORONARY ARTERIOSCLEROSIS AND THROMBOSIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I Va attended the deceased from SEPT. 15, 1955 to OCT. 8, 1955 and that death occurred at 7:45A M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDERGRIFT M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 10/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10/11/55
NAME OF CEMETERY OR CREMATORY GLEN HAVEN MEMORIAL PARK
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10-10-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR JAMES L. McCULLY FUNERAL HOME
ADDRESS 128 E. FORT AVE. Balto.MD.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9416

09401 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville

LENGTH OF STAY (in this place) 3mos.20days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01-4

STREET ADDRESS (If rural, give location) 2476 Shirley Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frieda (Middle) (Last) Bogen

4. DATE OF DEATH (Month) October (Day) 13, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-1871

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Gilman

14. MOTHER'S MAIDEN NAME: Rebecca Gilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic cardiovascular disease

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. W. Kieffer 1010 Leeds Ave M. D.

CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/14/55

NAME OF CEMETERY OR CREMATORY Natl Capt. Hel. Cem

LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 10/13/55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR B. Dougherty & Son

ADDRESS 3501-14th St N.W. D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9417

CERTIFICATE OF DEATH

Reg. Dist. No. 09402 4

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 68 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE 02X-2
STREET ADDRESS (If rural give location) 1000 CRAIN HIGHWAY

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) BOSTON

4. DATE OF DEATH: (Month) OCTOBER (Day) 12 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 4-12-95
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: TANNERY
11. BIRTHPLACE (State or foreign country): WATERBURY, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DAVID N. BOSTON
14. MOTHER'S MAIDEN NAME: MARIE JACOBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) TUBERCULOSIS OF VERTEBRAE T-10, T-11, T-12 — UNKNOWN

012.0

ANTECEDENT CAUSE (S) AND L-1

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PARAPLEGIA BACTEREMIA, PROTEUS VULGARIS — UNKNOWN

19A. DATE OF OPERATION: 8-18-55
19B. MAJOR FINDINGS OF OPERATION: Anterio.-lateral decompression of cord Tuberculosis of spine
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 5, 1955, to OCT. 12, 1955, and that death occurred at 3:25 AM, from the causes and on the date stated above.

SIGNATURE FS Dickey — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service M.D. VAH, FORT HOWARD, MARYLAND 10-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-15-55
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10-13-55
REGISTRAR'S SIGNATURE GE
24. FUNERAL DIRECTOR ELROY O. WILSON FUNERAL HOME
ADDRESS 1000 BRANTLEY AVE. BALTIMORE, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09403

9418 **CERTIFICATE OF DEATH** Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco - Rural X
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco - Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALBERT - S - BROWN
4. DATE OF DEATH: (Month) (Day) (Year) Oct 5 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Feb 2 - 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farm.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Brown
14. MOTHER'S MAIDEN NAME: Rebecca Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT & ADDRESS: Haven Brown - Reisterstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — ½ hr
DUE TO
ANTECEDENT CAUSE (S) (B) Coronary Artery Sclerosis — 8 yrs
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 47 Oct 5 55, 19..., to ..., 19..., that I last saw the deceased alive on Oct 5 55, 19..., and that death occurred at 6:50 M, from the causes and on the date stated above.
SIGNATURE M. Bartzfield M.D. ADDRESS Hampstead Md DATE SIGNED 10-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 8/55 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-5-55 — REGISTRAR'S SIGNATURE Mary B. Eline — 24. FUNERAL DIRECTOR Edw Clipton — ADDRESS Hampstead Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09404

Item 12, Filmed 106 10-31-55 et

9419

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28 — LENGTH OF STAY (in this place) Since 10/10/55
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 12-24-2
STREET ADDRESS (If rural give location) Grovers Hill

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) — (Last) BUNCE

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: ?
9. AGE last birthday 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Bunce
14. MOTHER'S MAIDEN NAME: Margaret McLommons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X

IMMEDIATE CAUSE (A) Carcinoma of Prostate

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 9.3.55
19B. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate (University Hospital Balto Md)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.10, 1955, to 10.21, 1955, that I last saw the deceased alive on 10.21, 1955, and that death occurred at 6p M, from the causes and on the date stated above.

SIGNATURE Rena Becher M. D. ADDRESS Spring Grove Hosp DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-24-55 — NAME OF CEMETERY OR CREMATORY Darlington Cemetery — LOCATION (City, town, or county) (State) Darlington, Harford County, Md.

DATE REC'D BY LOCAL REGISTRAR 10/27/55 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09405

Reg. Dist. No. 28

9420

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore LENGTH OF STAY (in this place) 40 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 910 Litchfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 910 Litchfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) Sven (Middle) Erick (Last) Carlson

4. DATE OF DEATH: (Month) Oct (Day) 25, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan 11, 1881

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor

10B. KIND OF BUSINESS OR INDUSTRY: Hauling

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ? Carlson

14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 215-32-1825

17. INFORMANT & ADDRESS: Mrs Lambdin 910 Litchfield Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Cerebral accident — about 15 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardio-vascular Disease — about 3 yrs.

~~DUE TO~~ (C) Influenza — 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ---------

19A. DATE OF OPERATION: ----

19B. MAJOR FINDINGS OF OPERATION ----------

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ----

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ ----

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from May 17, 1955, to Oct. 25, 1955, that I last saw the deceased alive on Oct. 24, 1955, and that death occurred at 5:45PM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 516 Cathedral St. DATE SIGNED Oct. 26, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 28, 1955 — NAME OF CEMETERY OR CREMATORY New Cathedral Cemt — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto. St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09406

9375 **CERTIFICATE OF DEATH** Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 53 DUNDALK-vv-Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS — 88 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK-vv 53
STREET ADDRESS (If rural give location) 88 Balto. Ave

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) MILLS (Last) CARMINE MD
4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1955
5. SEX: M
6. COLOR OR RACE: Wn
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Marr-d
8. DATE OF BIRTH: Sept. 26, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: Self Emp
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Carmine
14. MOTHER'S MAIDEN NAME: Mary F. Stevens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Anita S. Carmine - 88 Balto. Ave. Dundalk, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — 10 hrs.
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Myocarditis, Chronic — 2-3 yrs.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1955 to Oct 13, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at 10 15 A M, from the causes and on the date stated above.

SIGNATURE M. Louis M.D. ADDRESS Dundalk-vv Md. DATE SIGNED 10/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/15/55 — NAME OF CEMETERY OR CREMATORY Denton Cem. — LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 10/14/55 — REGISTRAR'S SIGNATURE Confidential — 24. FUNERAL DIRECTOR Wm. J. Tichener & Sons — ADDRESS Balto Md 17 A

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

Item 9, Film G188 11-10-55 et

9421

09407

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural give location) 8620 Landover Road

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Carr

4. DATE OF DEATH: (Month) October (Day) 31, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: October 30, 1910
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker
10B. KIND OF BUSINESS OR INDUSTRY: Ft Meade Camp
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Wilson
14. MOTHER'S MAIDEN NAME: Haddie V. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465X

IMMEDIATE CAUSE (A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pulmonary thrombosis

DUE TO

(C) Dehydration

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22-, 19 55 to 10-31-, 19 55, that I last saw the deceased alive on 10-31-, 19 55, and that death occurred at 2:00P M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 3 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR Nov 3 1955 — REGISTRAR'S SIGNATURE James Devery — 24. FUNERAL DIRECTOR F. Gaschenore — ADDRESS Hyattsville, Md

11-9-55 W E Harris

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

9376

09408

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk 53

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7501 German Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk 53

STREET ADDRESS (If rural, give location) 7501 German Hill Road 1

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) E (Last) Carroll

4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 8, 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Nurseryman

10b. KIND OF BUSINESS OR INDUSTRY: Colgate Nursery

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Carroll

14. MOTHER'S MAIDEN NAME: Laura Napier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna Smith, dght, 514 Quail St., Zone 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.1 Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. B. Davis M.D.

~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☑
~~ASSISTANT MEDICAL EXAM.~~ ☐

DATE SIGNED 10/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/20/55

NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/20/55

REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

ADDRESS 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9422

CERTIFICATE OF DEATH

09409

Reg. Dist. No. 40

1. PLACE OF DEATH

COUNTY: Balto — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Long Green — LENGTH OF STAY (in this place): 45 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: Balto

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Long Green Md

STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Lucretia (Middle) Grace (Last) Carter

4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 28-1875

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: S. S. Smith

14. MOTHER'S MAIDEN NAME: Catherine A. Hoyt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: D. W. Carter Long Green Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO (B) Arterio-sclerosis — 2 yrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955, to Oct 21, 1955, that I last saw the deceased alive on Oct 20, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE: Walter McHammett M.D. — ADDRESS (Street, city, town, state): Baldwin — DATE SIGNED: Oct 20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 24-55 — NAME OF CEMETERY OR CREMATORY: Fork M. Ch. Cem — LOCATION (City, town, or county) (State): Fork Md

24. REC'D BY REGISTRAR — DATE: Oct 25-55 — REGISTRAR'S SIGNATURE: G. E. Arthur

25. FUNERAL DIRECTOR'S SIGNATURE: G. E. Arthur — ADDRESS: Fork Md

9423

Item 12, Film 187, 10-17-55 et

09410

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Andre (Middle) (Last) Cere

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 19 55

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Widowed

8. DATE OF BIRTH: April 20, 1901

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Employee

11. BIRTHPLACE (State or foreign country): Bordeaux France

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown Cere

14. MOTHER'S MAIDEN NAME: Helena Cere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-32-2523

17. INFORMANT & ADDRESS: Mrs Arther Foster, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Alcohol Intoxication — 1 hr

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE L. A. Caples M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED Oct 3 '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 5, 1955

NAME OF CEMETERY OR CREMATORY: All Saints Cemetery

LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 10-5-55

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR J.F. Eline & Son's — ADDRESS Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

9424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09411

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middle River
LENGTH OF STAY (in this place): 72 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Compass Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middle River
STREET ADDRESS (If rural, give location): 7 Compass Rd.

3. NAME OF DECEASED (Type or Print): (First) Artenia (Middle) S. (Last) Cherry

4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 13, 1884

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Stonebraker

14. MOTHER'S MAIDEN NAME: Alice Baughman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Charles H. Cherry - 7 Compass Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) Carcinoma of Gallbladder — Interval Between Onset and Death: 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: C.A. of G.B.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Oct, 1955, that I last saw the deceased alive on 10-22, 1955 and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE: Marvin Rombro (Degree or title) MD ADDRESS: 905 Fuselage Ave DATE SIGNED: 10-24-55

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Oct. 24, 1955

NAME OF CEMETERY OR CREMATORY: Martinsburg, Pa.

LOCATION (City, town, or county) (State): Martinsburg, Pa.

DATE REC'D BY LOCAL REG.: 10/24/55

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Lassahn Funeral Home

ADDRESS: 7401 Pulaski Rd.

Dr. Rombro 905 Fuselage Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09412

9425

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural give location) 4923 Cedar Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Anna (Last) Clark

4. DATE OF DEATH: (Month) October (Day) 17, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-16-1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Clark
14. MOTHER'S MAIDEN NAME: Mary Francois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493 X

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19- , 19 55 to 10-17- , 19 55 that I last saw the deceased alive on 10-17- , 1955 , and that death occurred at 10:40 AM from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 19 55 — NAME OF CEMETERY OR CREMATORY Loudon Pk. — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-55 — REGISTRAR'S SIGNATURE H. W. Pedrick — 24. FUNERAL DIRECTOR Harry H. Witzke — ADDRESS 4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09413

9426

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home 1002 N. Rolling Rd. 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Y 01-4
STREET ADDRESS (If rural give location) 430 Drury Lane

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) CLARKE

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 13, 1872
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Rhineschild
14. MOTHER'S MAIDEN NAME: - Finley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Pittsburgh 34, Penna Mrs. M. R. Clifton-109 Parkside Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 14 dy.
DUE TO
ANTECEDENT CAUSE (B) Hypertensive Cardio-Vascular Disease — 10 yr. (?)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1950, to 10-26, 1955, that I last saw the deceased alive on 10-26, 1955, and that death occurred at 7.15 P. M, from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallagher M. D. ADDRESS Catonsville-28 DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment
DATE THEREOF 10/29/55
NAME OF CEMETERY OR CREMATORY Lorraine Maus.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 10/26/55
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons - Balto 17 ADDRESS md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09414

9427

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 12, Film 187 10-18-55 ct

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Sunknoff (Last) Cohen

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1955

5. SEX: f. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated 8. DATE OF BIRTH: - - - - 1885 9. AGE last birthday 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Russia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known 14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary embolus — 24 hrs

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized arteriosclerotic Cardio-vascular disease — unknown

DUE TO

(C)

422.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thyroid adenoma, Bilat. Cataracts — unknown.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8th, 1920, to Oct 8th, 1955, that I last saw the deceased alive on Oct 8th, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M.D. ADDRESS Spring Grove DATE SIGNED Oct. 8. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Bur Hill DATE THEREOF 10-11-55 NAME OF CEMETERY OR CREMATORY Westedale LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR 10/11/55 REGISTRAR'S SIGNATURE C. W. Hedrich 24. FUNERAL DIRECTOR Jack Levin Inc. ADDRESS 2100-02 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9428

CERTIFICATE OF DEATH

Items 2,6 Film G191 1-19-56 et

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Back River - Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred: Hoods Convalescent Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEECEASED:

(For newborn infants give residence of mother)

State: Unknown County:

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Clara Colley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Unknown

6.(b) Name of husband or wife:

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 84 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name

13. Birthplace

MOTHER: 14. Maiden name

15. Birthplace

16. Informant

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov. 8, 1955 (month) (day) (year)

~~Cemetery or Crematory~~ Univ. of Md. Medical School

Location 29 South Greene St.; Balto. 1, Md.

18. Funeral director

Address

19. Nov. 10, 1955 (Date rec'd by registrar) 19 Victor E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1955 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to Oct 21 1955 and that I last saw h. alive on Oct 20 1955

Immediate cause of death: C.A. of Breast — DURATION 8 yrs

Due to:

Due to:

Other conditions: Generalized Metastasis

170 X (Include pregnancy within 3 months of death)

Major findings of operations: 0 Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James Osborne M. D. or other

Address Catonsville Date signed 10-21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09415

MARYLAND STATE DEPARTMENT OF HEALTH

9429

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

Item 7, Film G187 10-19-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reading
STREET ADDRESS (If rural, give location) 816 Hamden Blvd

3. NAME OF DECEASED (Type or Print) (First) Chester (Middle) Arthur (Last) Covington
4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 1955
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 12, 1893
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME James Covington
14. MOTHER'S MAIDEN NAME Amanda Lentz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World I
16. SOCIAL SECURITY NO. 318-14-6244
17. INFORMANT AND ADDRESS Carroll Fun. Home, Petolfield, Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812X

Immediate cause (a) Crushed skull, compound fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of both bones extremities

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 111 (CITY OR TOWN) Parkton (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) Oct. (Day) 2, (Year) 1955 (Hour) 6:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A. M. Franz (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-12-55
NAME OF CEMETERY OR CREMATORY Alton Nat. Cemetery
LOCATION (City, town, or county) Alton, Illinois (State)

DATE REC'D BY LOCAL REG. 10/12/55
REGISTRAR'S SIGNATURE Mrs Howard S. Markle
24. FUNERAL DIRECTOR Brooks Funeral Service
ADDRESS Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COR Corbett

Item 2 Film 188 10-31-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09416

CERTIFICATE OF DEATH

Reg. Dist. No. 30

9430

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) Since Feb 20, 1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Baltimore~~ Severna Park
STREET ADDRESS (If rural, give location) Cypress Creek Road ~~Methodist Home for Aged~~

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) MARIE (Last) DALEY
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: August 16, 1873
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Treulieb
14. MOTHER'S MAIDEN NAME: Catherine Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: P.O. Box 299 Mrs. T. Morris Jones, Severna Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Cardiac Disease

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rt Hemiplegia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8. 24., 1955, to 10. 16, 1955, that I last saw the deceased alive on 10. 16, 1955, and that death occurred at 11 a. M, from the causes and on the date stated above.

SIGNATURE Rena Becker M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 10/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/19/55
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Woodlawn, Md

DATE REC'D BY LOCAL REGISTRAR 10/19/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. Cook Inc.
ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9431

CERTIFICATE OF DEATH

09417

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard

LENGTH OF STAY (in this place) 93 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY ~~Baltimore~~

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 2537 Greenmount Avenue

3. NAME OF DECEASED (Type or Print) (First) REUBEN (Middle) D. (Last) DAVIS

4. DATE OF DEATH (Month) October (Day) 26 (Year) 19 55

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1/3/86

9. AGE last birthday 69 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dunbar T. Davis

14. MOTHER'S MAIDEN NAME Mary Forney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) LEFT CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from July 25, 19 55, to October 26 19 55, ~~and that I last saw the deceased~~ and that death occurred at 9:30P M, from the causes and on the date stated above.

SIGNATURE William B. VandeGrift, M.D.

ADDRESS (Street, city, town, state) VAH, FORT HOWARD, MARYLAND

DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct 31, 1955

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

24. REC'D BY REGISTRAR DATE Oct. 28, 1955

REGISTRAR'S SIGNATURE Dawson L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE Wm.Cook-Blight, Inc.,

ADDRESS 6009 Harford Rd.Balto. Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9432

CERTIFICATE OF DEATH

09418

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2915 Robern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2915 Robern Ave

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) M (Last) Dean
4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1955
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Nov. 13 1874
9. AGE last birthday 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME John Pritchett
14. MOTHER'S MAIDEN NAME Margaret Motherset
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Lloyd B Dean 2915 Robern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Cerebral thrombosis — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) atherosclerotic cardiovascular renal disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1940 to Oct 6, 1955, that I last saw the deceased alive on Oct 6, 1955, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE Jelesar M.D. (Degree or title) ADDRESS 6217 Harford Rd Baltimore Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-10-55 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 10/8/55 | REGISTRAR'S SIGNATURE A. W. Bacon | 24. FUNERAL DIRECTOR Chas F. Evans & Son | ADDRESS 8802 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. E. J. Alessi
6211 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9433 **CERTIFICATE OF DEATH** Reg. Dist. No. 09419

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 7 Hours, 35 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY DORCHESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EAST NEW MARKET 09X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DUDLEY (Middle) R. (Last) DEMBY
4. DATE OF DEATH: (Month) OCTOBER (Day) 2 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 10-18-26
9. AGE last birthday 28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKMAN
10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): EAST NEW MARKET, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: JAMES DEMBY
14. MOTHER'S MAIDEN NAME: FRANCES FARROW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) KOREAN
16. SOCIAL SECURITY NO. 218-16-6754
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193X
IMMEDIATE CAUSE (A) GLIOMA, RIGHT LATERAL VENTRICLE — UNKNOWN
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-2-55
19B. MAJOR FINDINGS OF OPERATION: CRANIOTOMY - BILATERAL TREPHINE- TRACHEOSTOMY
20. AUTOPSY? YES ☒ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 1, 1955, to OCT. 2, 1955, ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 5:45A.M, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D.
ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: OCT. 5, 1955
NAME OF CEMETERY OR CREMATORY: EAST NEW MARKET CEMETERY
LOCATION (City, town, or county) (State): EAST NEW MARKET, MARYLAND
DATE REC'D BY LOCAL REGISTRAR: October 4, 1955
REGISTRAR'S SIGNATURE: Margaret H. Trampton
24. FUNERAL DIRECTOR: J. J. FRAMPTON & SON
ADDRESS: FEDERALSBURG, MD. MAIN STREET

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09420

9434

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ruxton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7912 Ruxway Rd. Sorenson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 5015 Roland Ave.

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) FOSTER OWENS (Last) DENNIS

4. DATE OF DEATH: (Month) Oct. (Day) 9, (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 5, 1874
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months 0 Days 3
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Paul Owens
14. MOTHER'S MAIDEN NAME: Jane Foster Owen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: MissEstelle Dennis - 100 E. Monument St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2
IMMEDIATE CAUSE (A) Uraemia — 2 months
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Chronic Glomerular Nephritis. — 5 years.
DUE TO
(C) Myocarditis Chronic. — 5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anasarca. — 1 year.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION none.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1955, to Oct. 8, 1955, that I last saw the deceased alive on Oct. 8th, 1955, and that death occurred at 8.30 P.M, from the causes and on the date stated above.

SIGNATURE James Graham Manton M.D. ADDRESS 516 Cathedral St DATE SIGNED 10-10-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/11/55
NAME OF CEMETERY OR CREMATORY Green Mount Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR OCT 10 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Tichner & Sons
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09421

9435

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 44 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3X01.4
STREET ADDRESS (If rural give location) 1206 WEST FRANKLIN STREET

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) C. (Last) DOCKINS

4. DATE OF DEATH: (Month) OCTOBER (Day) 12, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 7-11-90
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10B. KIND OF BUSINESS OR INDUSTRY: POST OFFICE
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) ARTERIOSCLEROSIS, GENERALIZED WITH HEMI- — 2 MONTHS

ANTECEDENT CAUSE (S) ~~XXXXXXX~~ PARESIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 29, 1955, to Oct. 12, 1955, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 10:00PM, from the causes and on the date stated above.

SIGNATURE F G Dickey — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 10-13-55

FRANCIS G. DICKEY, M.D., Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-17-1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10/14/55
REGISTRAR'S SIGNATURE A. V. Hedrick
24. FUNERAL DIRECTOR CHARLES G. COOPER, 512 N. CARROLTON AVE. BALTIMORE, MARYLAND
ADDRESS Chas G Cooper

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9389

Item 12, Film 100 10-27-55 ec

09422

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Arbutus — LENGTH OF STAY (in this place) 3 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4813 Fernley Square

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arbutus (Westland Gardens)

STREET ADDRESS (If rural, give location) 4813 Fernley Square

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Joseph (Last) Drake

4. DATE OF DEATH (Month) Oct (Day) 19 (Year) 19 55

5. SEX: M **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** widowed **8. DATE OF BIRTH:** Oct 12 1884 **9. AGE last birthday:** 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired **10b. KIND OF BUSINESS OR INDUSTRY:** Watchman **11. BIRTHPLACE** (State or foreign country): Ireland **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Drake **14. MOTHER'S MAIDEN NAME:** Mary unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** John E Drake 4813 Fernley Square

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute Cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio vascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. M. Kieffer M. D. 1010 Leeds ave

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED Oct 19, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 10-21-55 **NAME OF CEMETERY OR CREMATORY** St Peters **LOCATION** (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. Oct 19 55 **REGISTRAR'S SIGNATURE** Geo Kieffer **24. FUNERAL DIRECTOR** Howard H Hubbard **ADDRESS** 4107 Wilkens ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9436

CERTIFICATE OF DEATH

09423

Reg. Dist. No. 40

1. PLACE OF DEATH:

COUNTY: BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase

LENGTH OF STAY (in this place): 18 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: EBENEZER RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHASE MD

STREET ADDRESS (If rural give location): EBENEZER RD

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) DRAKE (Last) DUNLAP

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11/16/1875

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): MECH. RETIRED PENN. R.R.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DELWARE CITY DEL

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANCIS B.

14. MOTHER'S MAIDEN NAME: SARAH J. GARDNER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: AMELIA Dunlap CHASE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 10/27/55

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular disease — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Oct 28, 1955, that I last saw the deceased alive on Oct 28, 1955, and that death occurred at 7 AM., from the causes and on the date stated above.

SIGNATURE: G. Baumgardner (Degree or title) MD ADDRESS: Balto 6 Md DATE SIGNED: 10/28/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 10/31/55

NAME OF CEMETERY OR CREMATORY: OAKLAWN

LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REGISTRAR: Oct 29. 1955

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Clarence F. Hoffmann ADDRESS: 3218 Hudson St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9437

09424

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 30 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Bond Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown

STREET ADDRESS (If rural, give location) 19 Bond Ave.

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) E. (Last) Dutton

4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1955

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mar. 22, 1875

9. AGE last birthday 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Little

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none.

17. INFORMANT AND ADDRESS Mrs. Janice Johnson 19 Bond Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

Immediate cause (a) Cardiac Decompensation — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V. Disease. — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none. m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 10-28, 1950, to 10-22, 1955, that I last saw the deceased alive on 10-21, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE D. D. Caples — (Degree or title) M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-25-55 — NAME OF CEMETERY OR CREMATORY St. Lukes Cem. — LOCATION (City, town, or county) Reisterstown, (State) Md.

DATE REC'D BY LOCAL REG. 10/25/55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Mr. Francis A. Hensley — ADDRESS 518 Biddle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09425

9438

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort Howard

LENGTH OF STAY (in this place): 15 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis 02-10-2

STREET ADDRESS (If rural give location): 61 Clay Street ✓

3. NAME OF DECEASED (Type or Print) (First) ENOCH (Middle) ERIC (ERRIC) (Last) EBEN

4. DATE OF DEATH (Month) October (Day) 20 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1, 1896

9. AGE last birthday: 59 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Gaysville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Eben

14. MOTHER'S MAIDEN NAME: Elizabeth MN: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) ADENOCARCINOMA OF COLON — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: September 1,1955

19b. MAJOR FINDINGS OF OPERATION: Laparotomy and ileo transverse colostomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that X VA attended the deceased from October 5, 19 55, to October 20, 19 55, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

SIGNATURE F G Dickey MD — **ADDRESS** (Street, city, town, state) — **DATE SIGNED**

Francis G. Dickey,M.D.,Chief,Medical Service VAH,FORT HOWARD, MARYLAND 10-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-24-55

NAME OF CEMETERY OR CREMATORY: Annapolis National

LOCATION (City, town, or county) (State): Annapolis, Maryland

24. REC'D BY REGISTRAR — DATE: 10-22-55

REGISTRAR'S SIGNATURE: H. Dawson L. Larkey

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: William Reece Funeral Home,Annapolis,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09426

1 9439

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home 98 Smithwood Ave. 90

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4

STREET ADDRESS (If rural give location) formerly of 357 Yale Ave.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) EMILY (Last) EBERT

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 14, 1872

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Rtd Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Ebert

14. MOTHER'S MAIDEN NAME: Margaret Schell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mr. Henry Ebert-704 Woodbourne Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Md 54 30 Oct 55 to ....., 19....., that I last saw the deceased alive on 28 Oct 55, 19....., and that death occurred at 11:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. L. Gratz M.D. 1707 Edmondson Av, Catonsville 28 Md 30 Oct 55

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 11/2/55 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10/31/55 REGISTRAR'S SIGNATURE M. W. Frederick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09427

9440

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 York Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Ecker

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 23, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 6, 1869
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Peschke
14. MOTHER'S MAIDEN NAME: — Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Myocardial Degeneration

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15th Oct., 1955, to 23rd Oct, 1955, that I last saw the deceased alive on 10/18/, 1955, and that death occurred at 11:40 AM, from the causes and on the date stated above.

SIGNATURE M. K. Quinn M. D. ADDRESS York Rd. Timonium DATE SIGNED 10/25/55

23. ~~BURIAL~~, CREMATION, ~~REMOVAL (Specify)~~ Burial Cremation
DATE THEREOF Oct. 26, 1955
NAME OF CEMETERY OR CREMATORY Freemount Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 25, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns & Sons
ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

09428

9441

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 21 Film G 188 11-9-55 am
Item 4, FilmG188 10-31-55 et

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT HOWARD
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural, give location) 1101 N. CAREY STREET 7:35 AM.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) E. (Last) EPPS
4. DATE OF DEATH (Month) OCTOBER (Day) 18, (Year) 1955

5. SEX MALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 9-22-95
9. AGE last birthday 60 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LONGSHOREMAN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) FREDERICKSBURG, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME SAMUEL E. EPPS
14. MOTHER'S MAIDEN NAME EMILY JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS CLIN.REC., VET.ADM.HOSPITAL, FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.5

Immediate cause (a) CRUSHING INJURY, CERVICAL SPINAL CORD — 6 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) In front of home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) 10-12-55 (Hour) Eve. p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Blacked out and fell on street

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

M D Davis M.D. Dep Med. Examiner Towson Md 10/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10/21/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. 10/20/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles R. Law Mortuary, 802-04 Madison Ave Baltimore 1, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09429

9377

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: Baltimore
COUNTY Turner Station MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Turner Station
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 710 Avondale Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Turner Station
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 1 710 Avondale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) William (Last) Everett

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1955

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): ———
8. DATE OF BIRTH: June 11, 1946
9. AGE last birthday 9 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———
10B. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Gastonia, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Everett
14. MOTHER'S MAIDEN NAME: Bertha Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Rev. J. A. Everett 710 Avondale Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

237X
IMMEDIATE CAUSE (A) Dehydration + uremia — 1 wks.
DUE TO
ANTECEDENT CAUSE (S) (B) Renal failure — 3 wks.
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Brain tumor — 5 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1954, to 10-22, 1955, that I last saw the deceased alive on 10-22 1955, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE Harold Nichols M.D. ADDRESS Roots Co. 2 DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/25/55
NAME OF CEMETERY OR CREMATORY Carver Memorial Park
LOCATION (City, town, or county) (State) Murkirk, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 25-1955
REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802-04 Madison Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

9442

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09430

Reg. Dist. No. 84

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Corporation

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 242 N. Monroe Street

3. NAME OF DECEASED (Type or Print) (First) Maynard (Middle) Ernscliff (Last) Falden
4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 1955
5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH January 1, 1897
9. AGE last birthday 58 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steelworker
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel
11. BIRTHPLACE (State or foreign country) Danville, Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Charles H. Falden
14. MOTHER'S MAIDEN NAME Anna L. Fitzgerald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Verba F. Dorsey 1516 McCulloh St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M Bowers M.D. (Degree or title) Asst Med. Exam - Dep Med. Exam - Baltimore ADDRESS DATE SIGNED 10/27/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/31/55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10-27-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802-04 Madison Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09431

9443 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ruxton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sorenson Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.
STREET ADDRESS (If rural give location) 2102 South Rd.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) S. (Last) FERTIG
4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 19 55
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1892
9. AGE last birthday 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Albert Leech
14. MOTHER'S MAIDEN NAME: Janet Rierson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Kenneth W. Fertig - 2102 South Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1

IMMEDIATE CAUSE (A) Inoperable carcinoma (Pelvic) — about 1 year

~~DUE TO~~

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Internal Hemorrhage — about 2 hours

~~DUE TO~~

(C) Cessation of all bodily functions

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardio-vascular Disease about 15 years

19A. DATE OF OPERATION: ----
19B. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ---- M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from June 18, 1955, to Oct. 8, 1955, that I last saw the deceased alive on Oct. 3, 1955, and that death occurred at 6 A.M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. — ADDRESS 516 Cathedral St. — DATE SIGNED Oct. 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 10/8/55 — NAME OF CEMETERY OR CREMATORY Kensico Cem. — LOCATION (City, town, or county) (State) Valhalla, N.Y.

DATE REC'D BY LOCAL REGISTRAR OCT 9 - 1955 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09432

9390

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hale Thorpe — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caddock Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Emmett (Last) Finks
4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1955
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 14, 1885
9. AGE last birthday 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clamer
10B. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward B. Finks
14. MOTHER'S MAIDEN NAME: Ida B. Finks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Emily S. Finks, 1731 Druid Hill Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X

IMMEDIATE CAUSE (A) Hemiplegia

DUE TO

ANTECEDENT CAUSE (S) (B) Bed Sores, + General weakness

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1954 to 10-8, 1955 that I last saw the deceased alive on 10-7, 1955, and that death occurred at 7:10 A.M. from the causes and on the date stated above.

SIGNATURE Theo Woolridge M. D. — ADDRESS R4 Box 212 Elkridge 27 Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 12 1955 — NAME OF CEMETERY OR CREMATORY Mt. Auburn — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-11-55 — REGISTRAR'S SIGNATURE A. C. Hedrick

24. FUNERAL DIRECTOR Edward Funeral Home — ADDRESS 1631 Druid Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

09433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9444

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt 19 mo
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt 19 X
STREET ADDRESS (If rural, give location) 820 J Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Finney
4. DATE OF DEATH (Month) October (Day) 7th (Year) 1955
5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH April 1863
9. AGE last birthday 92 yrs.
If under 1 year: Months 6 Days
If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Steel Mills
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 2-006-0298.
17. INFORMANT AND ADDRESS Mannie White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
490X
Immediate cause (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: from Oct 3rd 55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1st 55, to Oct 7th 55, that I last saw the deceased alive on October 7th 55, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Thomas (Degree or title) M.D. ADDRESS 107 N. Main St Baltimore 22 Md DATE SIGNED 10/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-11-55
NAME OF CEMETERY OR CREMATORY Mt. Calvary
LOCATION (City, town, or county) (State) AA. Co., Md.

DATE REC'D BY LOCAL REG. October 8th 1955
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Charles R. Ivey ADDRESS 802 Madison Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Transcript

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9445

CERTIFICATE OF DEATH

Reg. Dist. No. 09434

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 633 WEST FRANKLIN STREET

3. NAME OF DECEASED: (Type or Print) WILLIAM (First) (NMI) (Middle) FISHER (Willie) (Last)

4. DATE OF DEATH: OCTOBER (Month) 16, (Day) 19 55 (Year)

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 7/12/05
9. AGE last birthday 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL CO.
11. BIRTHPLACE (State or foreign country): BLACKSTOCK, S. CAROLINA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ALEX FISHER
14. MOTHER'S MAIDEN NAME: ROSE BLACKMORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

705.4

IMMEDIATE CAUSE (A) LUPUS ERYTHEMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSE (S) (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from SEPT. 26, 1955, to OCT. 16, 1955, ~~and last saw the deceased~~ ~~on~~ and that death occurred at 11:00 M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M.D.
ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 10-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 10/20/55
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 10-18-55
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: CHARLES R. LAW MORTUARY
ADDRESS: 802-04 MADISON AVE. BALTIMORE 1, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9446

CERTIFICATE OF DEATH

Reg. Dist. No. 30 10506

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 6yr5mos6days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
3V01-4
STREET ADDRESS (If rural give location) 2018 W. North Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Flanigan

4. DATE OF DEATH: (Month) October (Day) 31, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 2-28-1871
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Flanigan
14. MOTHER'S MAIDEN NAME: Catherine McGlennon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease — Years
422.1
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malnutrition
DUE TO
(C) Dehydration

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7- , 1953, to 10-31-, 1955 that I last saw the deceased alive on 10-31-, 1955, and that death occurred at 2:15 PM, from the causes and on the date stated above.

SIGNATURE Stella Wachsler
M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF NOV 3-55
NAME OF CEMETERY OR CREMATORY UofM MEDICAL SCHOOL
LOCATION (City, town, or county) (State) 29 S. GREEN ST

DATE REC'D BY LOCAL REGISTRAR NOV 1 1955
REGISTRAR'S SIGNATURE Victor E. Harris
24. FUNERAL DIRECTOR Deffel Bros
ADDRESS 1800 E LOMBARD ST

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9447

CERTIFICATE OF DEATH

Reg. Dist. No. 09435 30

Items 3, 13: Film G157 10/2/55 A

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3401-4
STREET ADDRESS (If rural give location) Cathedral and Madison Sts.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) A. (Last) Frannie Frainie

4. DATE OF DEATH: (Month) October (Day) 7, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: 8-8-1902
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Time Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Building Construction Baltimore Contractors
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Frannie Frainie
14. MOTHER'S MAIDEN NAME: Margaret Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X

IMMEDIATE CAUSE (A) Cerebrovascular accident

DUE TO

ANTECEDENT CAUSE (B) Cerebral arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13- , 1955, to 10-7- , 1955, that I last saw the deceased alive on 10-7- , 1955, and that death occurred at 4:25PM, from the causes and on the date stated above.

SIGNATURE Stella Wachsler ADDRESS Spring Grove State Hospita Catonsville 28, Maryland DATE SIGNED 10-7-55
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/10/55
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR October 8. 1955
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR H. H. Mears & Son ADDRESS 805 N. Calvert St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09436

9448 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52 LENGTH OF STAY (in this place) Since Feb 24 1955
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3401.4
STREET ADDRESS (If rural give location) 2628 Park Heights Terrace

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) — (Last) GARFINKEL
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 1905
9. AGE last birthday 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): USA Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Abraham Abrams
14. MOTHER'S MAIDEN NAME: Sara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mr. Harry Garfinkel - 2628 Park Heights Terrace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X IMMEDIATE CAUSE (A) Diabetes
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9th, 1955, to 10/16, 1955, that I last saw the deceased alive on 10/16, 1955, and that death occurred at 8:25p M, from the causes and on the date stated above.
SIGNATURE Lena Becher M. D. ADDRESS Spring Grove State Hosp. DATE SIGNED 10/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/18/55 — NAME OF CEMETERY OR CREMATORY Rosedale Suburban Memorial Park — LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 10/17/55 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Sol Levinson & Bros. Inc. ADDRESS 1124-26 W. Rogers Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09437

9449

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 305 S. ROBINSON STREET ✓

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) A. (Last) GARNER SR.

4. DATE OF DEATH: (Month) OCTOBER (Day) 4 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1/26/79
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICEMAN -Ret. City Police
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DANVILLE, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ARCHER GARNER
14. MOTHER'S MAIDEN NAME: ELIZABETH YANCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO. 214-26-7256
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
451X IMMEDIATE CAUSE	(A) DISSECTING ABDOMINAL ANEURYSM	UNKNOWN
ANTECEDENT CAUSE (S)	DUE TO ARTERIOSCLEROSIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARCINOMA, PROSTATE 3 - 4 YRS.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from OCT. 3, 1955, to OCT. 4, 1955, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 12:30PM, from the causes and on the date stated above.

SIGNATURE FRANCIS G. DICKEY, Chief, Medical Service M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-7-55
NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10-7-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOMES, ADDRESS 4210 BELAIR ROAD BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9450

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09438

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pikesville 8, Md. LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2472 #7 Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Va. COUNTY Barbour
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wardensville W. Va.
STREET ADDRESS (If rural, give location) 85 X-3

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) REBECCA (Last) GODLOVE

4. DATE OF DEATH (Month) Oct (Day) 16 (Year) 1955

5. SEX: Female **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed **8. DATE OF BIRTH:** July 31, 1872 **9. AGE last birthday:** 83 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** Own home **11. BIRTHPLACE** (State or foreign country): West Va. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Oscar White **14. MOTHER'S MAIDEN NAME:** Marg. Murray.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No. **16. SOCIAL SECURITY No.:** None **17. INFORMANT & ADDRESS:** Mrs Marg. Spilman (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause 422.2	(a)	Chr. Myocarditis	10 yrs
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chr. Cholecystitis & Lithiasis	3 yrs.
DUE TO	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis — 10-15 yrs

19a. DATE OF OPERATION: None. **19b. MAJOR FINDING OF OPERATION:** None. **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY None **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None. M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?** None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caplis M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 10-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **DATE THEREOF** Oct 19, 1955 **NAME OF CEMETERY OR CREMATORY** WARDENSVILLE **LOCATION** (City, town, or county) (State) WEST VIRGINIA

DATE REC'D BY LOCAL REG. OCT 16 1955 **REGISTRAR'S SIGNATURE** Dorothy A. Jewell **24. FUNERAL DIRECTOR** STOVER **ADDRESS** STRASBURG VA.

VS. A15A - 5 - 53

9451

09439 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riderwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorenson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3401-4
STREET ADDRESS (If rural, give location) 1521 E. 28th Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) D. (Last) GOLDRICK

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 27, 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ret. Loan Office

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Wm. Mc Callister, 1521 E. 28th Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Walter Wright M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/22/1955

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/20/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14 ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

9378

09440 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN DUNDALK 22 — LENGTH OF STAY (In this place) 34123
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave. West of North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Baltimore~~ DUNDALK 22 53
STREET ADDRESS (If rural, give location) 7358 Manchester Road

3. NAME OF DECEASED: (Type or Print) (First) Irvin (Middle) STEPHEN (Last) GONSHOR

4. DATE OF DEATH (Month) October (Day) 14 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 17 SEPT, 1922
9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CHECKER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN GONSHOR
14. MOTHER'S MAIDEN NAME: FELICIA BURAZZINSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 214-16-9684
17. INFORMANT & ADDRESS: FELICIA GONSHOR — SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

825X

Immediate cause (a) Hemoperitoneum secondary to

~~DUE TO~~ Ruptured Spleen

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21c. (City or town) Baltimore (County) 03 (State) Maryland
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/14/55 2:35 AM.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Speeding auto - cut of control

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 10-18-55
NAME OF CEMETERY OR CREMATORY SACRED HEART OF MARY
LOCATION (City, town, or county) (State) BALTO. CO., Md.

DATE REC'D BY LOCAL REG. OCT 17 1955
REGISTRAR'S SIGNATURE Edith Farley
24. FUNERAL DIRECTOR Walter Burke Bradley, Dundalk, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09441

9379

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH

COUNTY BALTO. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK 22 53

LENGTH OF STAY (in this place) 22 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 133 Ventnor Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY BALTO.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK 22 53

STREET ADDRESS (If rural give location) 133 VENTNOR TERRACE

3. NAME OF DECEASED (Type or Print) (First) FRANKLIN (Middle) HARRISON (Last) GRAMMER

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1955

5. SEX ~~M~~ Male

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED

8. DATE OF BIRTH OCT. 17, 1891

9. AGE last birthday 64 yrs.

IF UNDER 1 YEAR: Months ___ Days ___

IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY STEEL PLANT

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEO. W. GRAMMER

14. MOTHER'S MAIDEN NAME ANNIE E EBBERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-16-5115

17. INFORMANT & ADDRESS VELMA ALBRECHT — SAME

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Bronchogenic CA.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1955, to 10-28, 1955, that I last saw the deceased alive on 10-28-1, 1955, and that death occurred at 11:50 M, from the causes and on the date stated above.

SIGNATURE Coch O'Collins M.D. ADDRESS (Street, city, town, state) 2 Kinship Rd Balt 22 DATE SIGNED 10-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 10-31-55

NAME OF CEMETERY OR CREMATORY ST. PAULS

LOCATION (City, town, or county) MATTHEWS, (State) Va.

24. REC'D BY REGISTRAR

DATE Oct 30-1955

REGISTRAR'S SIGNATURE William M Keefe

25. FUNERAL DIRECTOR'S SIGNATURE Burke

ADDRESS Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09442

9452

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryla COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltomore City 3401-4
STREET ADDRESS (If rural give location) 3406 Keene Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) BLANCHE (Last) GREEN

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10-25-1868
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (?) Neely
14. MOTHER'S MAIDEN NAME: (?) Coggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Harvey Green 5318 Plymouth Rd. Balto, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Generalized Arterioclerosis
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senile Psychosis
DUE TO
1903.71
(C) Malnutrition and Dehydration

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
21C. WHERE DID INJURY OCCUR? (City or town) Catonsville (County) Maryland (State) 03

21D. TIME OF INJURY (Month) June (Day) 27 (Year) 1955 (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Slipped and fell

22. I hereby certify that I attended the deceased from June 17, 1936 to Oct 4, 1955, that I last saw the deceased alive on Oct 4, 1955, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE SPRING GROVE HOSPITAL by J.R. COWEN, MD M. D. ADDRESS DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/6/55
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Balto, Md.

DATE REC'D BY LOCAL REGISTRAR 10/5/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS 5305 Harford Rd.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

9453

09443

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 30

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 8yr.2mos.27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural, give location) 1628 N. Durham Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Griffin

4. DATE OF DEATH (Month) (Day) (Year) October 27, 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-19-1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Griffin

14. MOTHER'S MAIDEN NAME: Susan Bill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease
DUE TO
(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jer. J. McKieffer M. D. 1010 Leader on
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF 10/31/55
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/28/55
REGISTRAR'S SIGNATURE A. W. Redrick

24. FUNERAL DIRECTOR Wm. Cook, Inc.
ADDRESS 1217 St. Paul Street

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9454

CERTIFICATE OF DEATH

09444

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 54
STREET ADDRESS (If rural, give location) 814 Wampler Rd

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) STANISLAUS (Last) GRUSZ
4. DATE OF DEATH (Month) OCT (Day) 8 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH NOV 26 1887
9. AGE last birthday 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY EASTERN ROLLING MILL
11. BIRTHPLACE (State or foreign country) POLAND
12. CITIZEN OF WHAT COUNTRY? POLAND
13. FATHER'S NAME JOSEPH GRUSZ
14. MOTHER'S MAIDEN NAME MARY UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-0743
17. INFORMANT AND ADDRESS ANNA J GRUSZ 814 WAMPLER Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerotic Cardio-vascular Disease — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Gangrene of Foot — 2 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1953, to Oct. 8, 1953, that I last saw the deceased alive on Oct. 8, 1953, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE James F. White M.D. (Degree or title) ADDRESS 422 Eastern Ave, Baltimore 21, Md DATE SIGNED 10/8/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Oct 11-1953
NAME OF CEMETERY OR ~~CREMATORY~~ St. Stanislaus
LOCATION (City, town, or county) (State) 1300 Dundalk Ave Balto, Md
DATE REC'D BY LOCAL REG. 10-10-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR George A Weber ADDRESS 705 S. Ann St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09445

CERTIFICATE OF DEATH

9455

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Cella Ave. 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural give location) 109 Cella Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) M. (Last) HAHN

4. DATE OF DEATH: (Month) Oct. (Day) 25, (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 4, 1894
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Hahn
14. MOTHER'S MAIDEN NAME: Adda Ott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World Wol
16. SOCIAL SECURITY NO. 214-05-8856
17. INFORMANT & ADDRESS: Catonsville, Md. Mrs. Marian A. Hahn - 109 Cella Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

196X IMMEDIATE CAUSE (A) Cerebral Embolism — 1 da.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Metastatic Adenoma 2nd L. Kidney — 6 mo.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1955, to 10-25, 1955, that I last saw the deceased alive on 10-24, 1955, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE Wilson K. Gallager M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 10-27-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/28/55
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 10/31/55
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9456

CERTIFICATE OF DEATH

Reg. Dist. No. 09446

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5yr10mos9days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata
08X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) P. (Last) Hamilton

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 6-1884
9. AGE last birthday 71 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hamilton
14. MOTHER'S MAIDEN NAME: Catherine C. Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Myocardial Infarction	Approx. weeks 3
DUE TO		
ANTECEDENT CAUSE (S)	(B) Coronary arteriosclerosis	Years
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) Generalized arteriosclerosis	Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple pulmonary abscesses — Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7- , 1953 to 10-11- , 1955 that I last saw the deceased alive on 10-11- , 1955, and that death occurred at 8:00A.M. from the causes and on the date stated above.

SIGNATURE Irene Frances Goodward M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-14-55
NAME OF CEMETERY OR CREMATORY St Ignatius Cemetery
LOCATION (City, town, or county) (State) Bel Alton Md

DATE REC'D BY LOCAL REGISTRAR 10-13-55
REGISTRAR'S SIGNATURE [illegible] E. Harris
24. FUNERAL DIRECTOR The Hoff Funeral Home
ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09447

9457

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY: Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place):
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto Coun.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville
STREET ADDRESS (If rural give location): X 1

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) A. (Last) Hare (Hare)

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1955

5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow
8. DATE OF BIRTH: 6-19-63
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Solomon Wolfgang
14. MOTHER'S MAIDEN NAME: Margart Garrett.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. Marie Measley, 5214 Midwood Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Generalized arteriosclerosis
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.17, 1954, to 10.30, 1955, that I last saw the deceased alive on 10.30, 1955, and that death occurred at 11.15a M, from the causes and on the date stated above.

SIGNATURE: Rena Recher M. D. ADDRESS: Spring Grove Hospital DATE SIGNED: 10/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11-2-55
NAME OF CEMETERY OR CREMATORY: Forrest Baptist
LOCATION (City, town, or county) (State): Hereford Md.

DATE REC'D BY LOCAL REGISTRAR: 11/3/55
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: W. Cook Inc. ADDRESS: 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

09448

9458 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUB HILL — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9947 HARFORD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUB HILL
STREET ADDRESS (If rural, give location) 9947 HARFORD ROAD

3. NAME OF DECEASED (Type or Print) (First) EMILY (Middle) CLIFTON (Last) HARRISON

4. DATE OF DEATH (Month) OCT. (Day) 20, (Year) 1955

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) SINGLE | 8. DATE OF BIRTH SEPT. 26, 1888 | 9. AGE last birthday 67 yrs. | If under 1 year Months — Days — | If under 24 hrs Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK SECRETARY - RETIRED | 10b. KIND OF BUSINESS OR INDUSTRY SAVINGS BANK | 11. BIRTHPLACE (State or foreign country) MARYLAND | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HENRY TUCKER HARRISON | 14. MOTHER'S MAIDEN NAME MARION JENIFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) NONE | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles A. O'Donnell M.D. 7501 York Rd Towson 10/20/55

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF OCT. 24, 1955 | NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEMETERY | LOCATION (City, town, or county) (State) TOWSON, MARYLAND

DATE REC'D BY LOCAL REG. 10/25/55 | REGISTRAR'S SIGNATURE A.M. Bacon | 24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09449

9459

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Old Court Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville X
STREET ADDRESS (If rural give location) 100 Old Court Road.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) E. (Last) Hayes

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 31 1870
9. AGE last birthday 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lewis Nelson Elseroad
14. MOTHER'S MAIDEN NAME: Caroline Hobemy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Emma C. Elseroad - 100 Old Court

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — 1 month
DUE TO
ANTECEDENT CAUSE (S) (B) Art. Sclerosis — 5 yrs.
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — 5 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950 to Oct. 27th, 1955, that I last saw the deceased alive on Oct. 26th, 1955, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE James A. Miller M.D. ADDRESS Pikesville 8, Md DATE SIGNED Oct. 27th, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 10/29/55
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1955
REGISTRAR'S SIGNATURE Dorothy A. Newell
24. FUNERAL DIRECTOR Frank H. Laurel
ADDRESS Pikesville 8, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9380

CERTIFICATE OF DEATH

09450

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 | LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1720 PINEWOOD Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 1720 PINEWOOD Rd.

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) — (Last) HEFRIGHT

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1955

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 2, 1911 | 9. AGE last birthday 44 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) KY. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN VAN HOOSE | 14. MOTHER'S MAIDEN NAME KATHARINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 272-16-4019 | 17. INFORMANT AND ADDRESS RICHARD K. HEFRIGHT - SAME ADDRESS

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebro-Vascular Hemorrhage — 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 20 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1955, to 10-10, 1955, that I last saw the deceased alive on 10-9, 1955, and that death occurred at 10:05 A m., from the causes and on the date stated above.

SIGNATURE Jack O'Collins (Degree or title) M.D. ADDRESS Dundalk Md DATE SIGNED 10-12-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 10-13-55 | NAME OF CEMETERY OR CREMATORY BELAIR MEMORIAL | LOCATION (City, town, or county) BELAIR (State) Md.

DATE REC'D BY LOCAL REG. OCT 12-1955 | REGISTRAR'S SIGNATURE William M. Kelly | 24. FUNERAL DIRECTOR Walter Burton Bradley | ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9391

09451

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lundeny

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Palapas Rest Arlindel Sand Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Balto~~ AAC

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenburne 02X-2

STREET ADDRESS (If rural, give location) 1121 Armistead pl

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Heiser Sr

4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Sept 15 1903

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) unemployed Coal Mine

10b. KIND OF BUSINESS OR INDUSTRY: Coal mine

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Heiser

14. MOTHER'S MAIDEN NAME: Mary Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 205 05 6079

17. INFORMANT & ADDRESS: Mae Heiser 1121 Armistead pl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ira W. Kieffer 1010 Leader M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED Oct 28 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-1-55

NAME OF CEMETERY OR CREMATORY Skyview

LOCATION (City, town, or county) (State) Hunstown Pa

DATE REC'D BY LOCAL REG. Oct 29 55

REGISTRAR'S SIGNATURE Ira W. Kieffer

24. FUNERAL DIRECTOR Howard H. Hubbard

ADDRESS 4107 Belkin ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **[illegible] hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09452

9460

CERTIFICATE OF DEATH

WC

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (in this place) 24 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5a Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 2016 Hunter Street

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) W. (Last) HICKS

4. DATE OF DEATH (Month) October (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: 12-25-99

9. AGE last birthday: 55 yrs.

IF UNDER 1 YEAR: Months ___ Days ___

IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Hicks

14. MOTHER'S MAIDEN NAME: Hattie Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct. 4, 19 55, to Oct. 28, 19 55 and that death occurred at 11:00 AM, from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift, M.D. M.D. ADDRESS (Street, city, town, state): VAH, FORT HOWARD, MARYLAND DATE SIGNED: 10-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11-3-55

NAME OF CEMETERY OR CREMATORY: Mount Calvary Cemetery

LOCATION (City, town, or county) (State): G. G. Co Md

24. REC'D BY REGISTRAR DATE: OCT 1 1955

REGISTRAR'S SIGNATURE: Dawson L. Zarker

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rayner Sanders Funeral Home, 217 E. Preston Street, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09453

CERTIFICATE OF DEATH

Reg. Dist. No. 32

9461

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson
LENGTH OF STAY (in this place) 368 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 29 3V01-4
STREET ADDRESS (If rural give location) 511 Yale Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J (Last) Hilbert

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/7/1892
9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months 4 Days 16 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hilbert
14. MOTHER'S MAIDEN NAME: Minnie Carl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-4380
17. INFORMANT & ADDRESS: Mt. Wilson St. Hosp. Hospital Records, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma of the Lung — 1½ yrs.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Tuberculosis, pulmonary — 2 yrs.

DUE TO

002X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1954, to 10/23, 1955, that I last saw the deceased alive on 10/23, 1955, and that death occurred at 9 P. M, from the causes and on the date stated above.

SIGNATURE William Newcomer M.D. ADDRESS Mt. Wilson, Maryland DATE SIGNED 10/23/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ ~~BURIAL~~ — DATE THEREOF 10/27/55 — NAME OF CEMETERY OR CREMATORY WESTERN — LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Harry H. Weitzke — ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09454

Item 12, Film 187 10-10-55 et

9462

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY BALTO MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX — LENGTH OF STAY (in this place)

54

HOSPITAL OR INSTITUTION OR STREET ADDRESS 719 S MARLYN AVE

00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54

STREET ADDRESS (If rural give location) 719 S MARLYN AVE

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Hildebrandt

4. DATE OF DEATH: (Month) OCT. (Day) 3 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct. 23-1884

9. AGE last birthday: 70 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): IRON MOLDER

10b. KIND OF BUSINESS OR INDUSTRY: BETH STEEL

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A. 60 yrs.

13. FATHER'S NAME: JOHN HILDEBRANDT

14. MOTHER'S MAIDEN NAME: ANNA KOENIG

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: LENA E HILDEBRANDT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral apoplexy — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular Disease — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1955, to Oct 3, 1955, that I last saw the deceased alive on Oct 3, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Bruce Gardner M.D 8552 Phila Rd Balto 6 10/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 10/6/55 — NAME OF CEMETERY OR CREMATORY PARKWOOD — LOCATION (City, town, or county) BALTO. (State) MD.

DATE REC'D BY LOCAL REGISTRAR 10-5-55 — REGISTRAR'S SIGNATURE R W Hedrick

24. FUNERAL DIRECTOR John G Connelly. — ADDRESS Essex 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09455

9463

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7/14/50 to 10/11/55
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY St. Mary's ~~PARK HALL~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural give location) 18X-2

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) WOOD (Last) HILL

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 11-2-1887
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Y
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RICHARD H. WOOD
14. MOTHER'S MAIDEN NAME: JEMIMA WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: ALLAN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

58100 IMMEDIATE CAUSE (A) Cirrhosis of Liver

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1955 to 10/11/55, 1955 that I last saw the deceased alive on July 4, 1955, and that death occurred at 7 30 AM, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 14, 1955
NAME OF CEMETERY OR CREMATORY St Andrews
LOCATION (City, town, or county) (State) Leonardtown

DATE REC'D BY LOCAL REGISTRAR 10/12/55
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR J. C. Mattingly
ADDRESS Leonardtown

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

Item 21 Film G188 11-9-55 am

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09456

CERTIFICATE OF DEATH

9464

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RUXTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton X
STREET ADDRESS (If rural give location) 1 Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) ANN (Last) HOOK

4. DATE OF DEATH: (Month) OCT. (Day) 29 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: June 10, 1867
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli Scott Bond
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.0 IMMEDIATE CAUSE (A) Pulmonary Embolism — Sudden

ANTECEDENT CAUSE (S) DUE TO (B) Fractured Left Hip — 7 Days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) General Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardio-Renal Vascular Disease 15 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bedroom
21C. WHERE DID INJURY OCCUR? (City or town) Balto. (County) (State) Md.
21D. TIME OF INJURY (Month) Oct. (Day) 22 (Year) 55 (Hour) 8P M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Fell while walking around bed.

22. I hereby certify that I attended the deceased from Nov, 1954, to Oct 28, 1955 that I last saw the deceased alive on October 28, 1955, and that death occurred at 8:30 p M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd #4 md DATE SIGNED 10/31/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF Oct. 31, 1955 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery — LOCATION (City, town, or county) Towson, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 31, 1955 — REGISTRAR'S SIGNATURE Mabel C. Gray — 24. FUNERAL DIRECTOR John Burns' Sons — ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-55

Taken by Mr. Lecar
Examined Charles

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9465 **CERTIFICATE OF DEATH** 09457

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (in this place) 39 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 1837 E. Lombard Street

3. NAME OF DECEASED (Type or Print) (First) MIKE (Middle) (Last) HORTON

4. DATE OF DEATH (Month) October (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/8/96

9. AGE (last birthday): 59 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tug boat worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Horton

14. MOTHER'S MAIDEN NAME: Catherine MN: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-07-2447

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154.X IMMEDIATE CAUSE (A) CARCINOMA OF RECTUM — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 7-8-54

19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparotomy & sigmoid colostomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 15, 1955, to October 24, 1955, ~~that I last saw the deceased alive on~~ and that death occurred at 10:35 P.M., from the causes and on the date stated above.

SIGNATURE FG Dickey MD

ADDRESS (Street, city, town, state) Francis G. Dickey,M.D.Chief,Medical Service VAH, FORT HOWARD, MARYLAND

DATE SIGNED 10-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: OCT 28, 1955

NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

24. REC'D BY REGISTRAR DATE Oct. 28, 1955

REGISTRAR'S SIGNATURE Dawson L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm.Cook-Blight,Inc.6009 Harford Rd.,Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09458

9466 **CERTIFICATE OF DEATH** Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clifton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorensen Nursing Home 7912 Ruxton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 424 Whitridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MAY (Last) FISHER HULL

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 26, 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rtd Practical Nurse - self Emp.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lucien Fisher
14. MOTHER'S MAIDEN NAME: Celia A. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mr. Harry W. Rohr - 4019 Roland Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 153X (A) Pulmonary Embolus. — 6 hours.

DUE TO

ANTECEDENT CAUSE (S) (B) Malignancy Intestine. — Several years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Metastasis of Malignancy. — Gradual.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1955, to Oct. 4, 1955, that I last saw the deceased alive on Oct. 2, 1955, and that death occurred at 6 P. M, from the causes and on the date stated above.

SIGNATURE James Graham Marston. M. D. ADDRESS 516 Cathedral St. DATE SIGNED Oct. 5, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/5/55
NAME OF CEMETERY OR CREMATORY Central Cem.
LOCATION (City, town, or county) (State) Millbury, Mass.

DATE REC'D BY LOCAL REGISTRAR 10/5/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tietzner & Sons
ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9467

CERTIFICATE OF DEATH

09459

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort Howard

LENGTH OF STAY (in this place): 150 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Newcomb

STREET ADDRESS (If rural give location): P.O. Box 20 X-2

3. NAME OF DECEASED (Type or Print): OTIS (First) B. (Middle) HUNT (Last)

4. DATE OF DEATH (Month) October (Day) 29 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-1-94

9. AGE last birthday: 61 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodworker

10b. KIND OF BUSINESS OR INDUSTRY: Woodwork Co.

11. BIRTHPLACE (State or foreign country): Royal Oak, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Hunt

14. MOTHER'S MAIDEN NAME: Rose Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 146-10-6642

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X IMMEDIATE CAUSE (A) ACUTE NEPHROSIS RIGHT KIDNEY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSE(S) (B) NODULAR ENLARGEMENT OF PROSTATE — UNKNOWN

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 7/18/55

19b. MAJOR FINDINGS OF OPERATION: NEPHRECTOMY FOR TUBERCULOSIS

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 55, to October 29, 19 55 ~~the last day the deceased was alive~~ and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift

WILLIAM B. VANDEGRIFT, M.D.

ADDRESS (Street, city, town, state): FORT HOWARD, MARYLAND — M.D. VETERANS ADMINISTRATION HOSPITAL

DATE SIGNED: 10/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/2/55

NAME OF CEMETERY OR CREMATORY: Bristol Cemetery

LOCATION (City, town, or county) (State): Bristol, Pennsylvania

24. REC'D BY REGISTRAR — DATE: OCT 31 1955

REGISTRAR'S SIGNATURE: Dawson L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: G.L. Schwab, 2101 Frederick Ave., Balto.,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09461

9469

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Granite
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite X
STREET ADDRESS (If rural give location) Herndon Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Clemmie Mozell Irvin

4. DATE OF DEATH: (Month) (Day) (Year) October 5, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: October 2, 1877
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Singelton Branson
14. MOTHER'S MAIDEN NAME: Ella Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. O.B.Smith Herndon Rd. Granite, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive C.V. disease — 10 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 1, 1955, to OCT 3, 1955, that I last saw the deceased alive on OCT 3, 1955, and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler M. D. ADDRESS 3601 Lyons Rd Md DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 6, 1955
NAME OF CEMETERY OR CREMATORY Mountain View
LOCATION (City, town, or county) (State) Hackett, Arkansas

DATE REC'D BY LOCAL REGISTRAR 10-4-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS Ellsworth Armacost 4600 Liberty Hgt

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

09462

2411 N. Charles Street, Baltimore

9470

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH · COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X GLEN ARM
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS GLEN ARM, MD

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN ARM X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) (First) GLENIOUS (Middle) C. (Last) JACKSON

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1955

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH April 18, 1896

9. AGE last birthday 59 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY contractors

11. BIRTHPLACE (State or foreign country) VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LUTHER JACKSON

14. MOTHER'S MAIDEN NAME ESTHER JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218053216

17. INFORMANT AND ADDRESS ANNA JACKSON - GLEN ARM, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Infarction — 20 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 15 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1934, to Oct. 8, 1955, that I last saw the deceased alive on Oct 8, 1955, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Milford F. Hudson (Degree or title) MD ADDRESS Fork Md. DATE SIGNED 10/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/12/55 — NAME OF CEMETERY OR CREMATORY MT. ZION — LOCATION (City, town, or county) LONGREEN, MD (State)

DATE REC'D BY LOCAL REG. 10-10-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Chatman, Jr. — ADDRESS 1701 McCollet St Balto. MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND

09463

STATE DEPARTMENT OF HEALTH

9471

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2831 Summitt Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2831 Summitt Avenue

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Alice E. (Last) Jager
4. DATE OF DEATH (Month) (Day) (Year) October 19th 1955

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct. 10, 1886
9. AGE last birthday 69 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME H Eckhardt
14. MOTHER'S MAIDEN NAME Frances Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY No. (If year, give war or dates of service)
17. INFORMANT AND ADDRESS Mr. George Claybaugh, 2610 Evergreen Ave#14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3
Immediate cause (a) Pneumonitis — 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized debilitation
(c) Cardiac decompensation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1½ Old hemiplegia due to Cerebral Hemorrhage

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to Oct, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 3 05 p.m., from the causes and on the date stated above.

SIGNATURE Frank A. Kanik, Jr (Degree or title) ADDRESS 9005 Harford Rd DATE SIGNED 10/20/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 22, 1955
NAME OF CEMETERY OR CREMATORY Moreland Mem Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/28/55
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Kasik
9005 Harford Road
NO 5 8692

8.30 TO 9.30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9472 **CERTIFICATE OF DEATH** Reg. Dist. No. 09464

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 603 Murdock Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) COVINGTON (Last) JETT
4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 19 55
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 1, 1865
9. AGE last birthday 90 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rtd Gen. Agt.
10B. KIND OF BUSINESS OR INDUSTRY: Fire Insurance
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert E. Jett
14. MOTHER'S MAIDEN NAME: Sarah A. Covington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mr. Ewell K. Jett - 4546 N. Charles St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 X

IMMEDIATE CAUSE (A) Bronchopneumonia — 6 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to Oct 19, 1955, that I last saw the deceased alive on October 18, 1955, and that death occurred at 4:34 A M, from the causes and on the date stated above.

SIGNATURE A. Allan Lee M. D. — ADDRESS 4408 Park Avenue Blvd — DATE SIGNED Oct. 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/21/55 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. — LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09465

9473

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 500 Bosley Avenue 55

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) October (Day) 28, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: February 25, 1866
9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Salamanca, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Fish
14. MOTHER'S MAIDEN NAME: Mary Jeanette Brace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) Generalized arteriosclerosis

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1955, to 10/28, 1955, that I last saw the deceased alive on 9/16, 1955, and that death occurred at 1 22 P M, from the causes and on the date stated above.

SIGNATURE Thaddeus P. Sewinski M. D. ADDRESS 17 W. Penna. Ave. Towson Md. DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF Oct. 29, 1955
NAME OF CEMETERY OR CREMATORY Hunt Co. Funeral Home
LOCATION (City, town, or county) (State) Salamanca, N.Y.

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns' Sons
ADDRESS Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9474

09466

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 14 — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3136 Acton Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 14
STREET ADDRESS (If rural, give location) 3136 - Acton Rd

3. NAME OF DECEASED (Type or Print) (First) Hermina (Middle) E (Last) Joiner

4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1955

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Sept 15 - 1909 — 9. AGE last birthday 46 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk — 10b. KIND OF BUSINESS OR INDUSTRY U.S. Customs Service — 11. BIRTHPLACE (State or foreign country) Chicago Ill — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Pfeifler — 14. MOTHER'S MAIDEN NAME Hermina Stumpfel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 215-01-1428 — 17. INFORMANT AND ADDRESS Mr Vernon W. Joiner 3136 Acton Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Ruptured aortic aneurysm — 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — 6-7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to Oct 5, 1955, that I last saw the deceased alive on Oct 5, 1955, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE Seymour H. Rubin (Degree or title) MD — ADDRESS 334 E. North Ave — DATE SIGNED Oct 5, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/8/55 — NAME OF CEMETERY OR CREMATORY Parkwood Cem — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. Oct 8 - 1955 — REGISTRAR'S SIGNATURE Mrs. Mt. Reformier

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1331 North Ave

9475

09467

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville

LENGTH OF STAY (in this place) 5yr.3mos.23days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2631 Park Heights Avenue

3. NAME OF DECEASED: (Type or Print) (First) Morris (Middle) (Last) Kalichman

4. DATE OF DEATH (Month) October (Day) 5, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-10-1894

9. AGE last birthday: 60 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Jacob Kalichman

14. MOTHER'S MAIDEN NAME: Mary Madas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Coronary Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Arteriosclerosis

DUE TO

(c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. J. McKieffer 1010 Leadenhall M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-7-55

NAME OF CEMETERY OR CREMATORY Mt Carmel

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 10-7-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Jack Lewis Inc

ADDRESS 2100 Eutaw Pl

Dmc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09468

9476 **CERTIFICATE OF DEATH** Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 80 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 4318 PIMLICO ROAD,

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) (NMI) (Last) KATZ
4. DATE OF DEATH: (Month) OCTOBER (Day) 20, (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 5/15/95
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: READY TO WEAR
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: PHILLIP W. KATZ
14. MOTHER'S MAIDEN NAME: FANNIE MN: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 215-10-8186
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — 1 HOUR

ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, MYOCARDIAL INFARCTION, OLD

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(260X) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DIABETES MELLITUS — UNKNOWN

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from AUG. 1, 1955, to OCT. 20, 1955 ~~I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 3:35 A M, from the causes and on the date stated above.

SIGNATURE G. F. Dickey — ADDRESS — DATE SIGNED

FRANCIS DICKEY,M.D.,Chief,Medical Service M. D. VAH, FORT HOWARD, MARYLAND 10-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-21-55
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) (State) ROSEDALE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10-21-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR JACK LEWIS, INC. FUNERAL HOME
ADDRESS 2100 EUTAW PL.,BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9477

CERTIFICATE OF DEATH

09469

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Whitemarsh, Md. LENGTH OF STAY (in this place) 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ebenezer & Red Lion Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Whitemarsh, Md
STREET ADDRESS (If rural, give location) Ebenezer & Red Lion Rds.

3. NAME OF DECEASED (Type or Print) (First) Viola (Middle) Olie (Last) Keithley

4. DATE OF DEATH (Month) Oct. (Day) 18, (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 11, 1882

9. AGE last birthday 73 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Cecil County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John E. George

14. MOTHER'S MAIDEN NAME Gertrude Chenoweth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Charles S. Keithley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Carcinoma Stomach 3 yrs

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1947, to Oct. 18, 1955, that I last saw the deceased alive on 10/17, 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE: Bickford F. Hudson (Degree or title) MD ADDRESS Fork Md DATE SIGNED 10/18/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 23, 1955 — NAME OF CEMETERY OR CREMATORY Bakers — LOCATION (City, town, or county) Aberdeen, Md. (State)

DATE REC'D BY LOCAL REG. 10/22/55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9478

09470 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave. West of North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY BALTIMORE

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Baltimore~~ CHESACO PARK

STREET ADDRESS 7911 OAKDALE AVE (If rural, give location) ~~513 S. Lakewood Avenue~~

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Kenny, Jr.

4. DATE OF DEATH (Month) October (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JUNE 13-1933

9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Ship Yard

10b. KIND OF BUSINESS OR INDUSTRY Beth Steel Co

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Kenny Sr

14. MOTHER'S MAIDEN NAME: Margaret V. Finnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 213-30-2494

17. INFORMANT & ADDRESS: Rita Mae Kenny 7911 Oakdale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

825X

Immediate cause (a) Craniocerebral injury

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

21c. (City or town) Baltimore (County) (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/14/55 2:35 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Speeding auto - out of control

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Wood M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 10/18/1955

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 10-12-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robt C & B.M. Walters

ADDRESS Pratt & Stricker Sts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09471

MARYLAND

9479

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) KING

4. DATE OF DEATH (Month) October (Day) 19 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 20, 1868
9. AGE last birthday 84 yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Wright
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dont Know
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Dont Know
14. MOTHER'S MAIDEN NAME Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Balti. County Welfare Board, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
Immediate cause (a) Arteriosclerosis, generalized — 2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1955, to Oct 19, 1955, that I last saw the deceased alive on Oct 17, 1955, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE Clarence E. McWilliams M.D. (Degree or title) ADDRESS Reisterstown DATE SIGNED October 19, 1955

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE Oct 21, 1955 | NAME OF CEMETERY OR CREMATORY Deer Park | LOCATION (City, town, or county) Reisterstown (State) Md

DATE REC'D BY LOCAL REG. 10-21-55 | REGISTRAR'S SIGNATURE Mary B. Elie. | 24. FUNERAL DIRECTOR Wm. Berryman & Sons | ADDRESS Reisterstown

MARGIN RESERVED FOR BINDING

Dr. Lloyd Johnson

09472

MARYLAND

STATE DEPARTMENT OF HEALTH

9480

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2200 OLD FREDERICK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 2200 OLD FREDERICK RD.

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) HENRY (Last) KINZEL

4. DATE OF DEATH: (Month) OCT. (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 15, 1886

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HIGH TENSION OPERATOR-RET.

10b. KIND OF BUSINESS OR INDUSTRY: GAS-ELEC. CO.

11. BIRTHPLACE (State or foreign country): MASS.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHRISTIAN KINZEL

14. MOTHER'S MAIDEN NAME: MINNIE BOCKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Carl H. Kinzel - 2200 Old Fred. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

526X

Immediate cause (a) BRONCHIECTASIS BRONCHITIS. — Interval between onset and death: 2.5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HEPATITIS WITH JAUNDICE..... — 1 MO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1953, to Oct 3, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE: J. Lloyd Johnson (Degree or title) MD ADDRESS Catonsville, Md DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 10-6-55 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 10/5/55 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Farley Funeral Home — ADDRESS: Catonsville, Md.

MARGIN RESERVED FOR BINDING

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9481

CERTIFICATE OF DEATH

09473

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 52

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgewood Manor 90

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3V01.4

STREET ADDRESS (If rural, give location): 3407 Milford Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Henry Klauti

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1955 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 8/19/1875

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cabnet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Ludwig Cab. Mak.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowu): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212.01.5608-A

17. INFORMANT: Hannah Klauti 3407 Milford Ave. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 **Immediate cause** (a) Infarction of Lung — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis (General) — —

(c) Phlebitis of Leg (Rt.) — 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1955, to 10-11, 1955, that I last saw the deceased alive on 10-11, 1955, and that death occurred at 10 AM m., from the causes and on the date stated above.

SIGNATURE: Dr Thos G Abbott — (Degree or title) — ADDRESS: 4509 Liberty Heights Ave — DATE SIGNED: 10-12-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/14/55 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 10/13/55 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Harry A. Armacost — ADDRESS: 4204 Ridgewood Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9482

CERTIFICATE OF DEATH

Reg. Dist. No. 09474

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 6/11/54 - 10/29/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. City 3V01-4
STREET ADDRESS (If rural give location) 223 S. Hilton Street

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) JUSTICE (Last) KOCHLER
4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2/1/1871
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM KOCHLER
14. MOTHER'S MAIDEN NAME: MARY MILLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: LULA KOCHLER - 223 S. Hilton St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiac FAILURE — 10/28/55

DUE TO

ANTECEDENT CAUSE (S) (B) ADVANCED ARTERIOSCLEROSIS — to

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) — 10/29/55

450.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1955, to 10/29, 1955, that I last saw the deceased alive on 10/29, 1955, and that death occurred at 5 A. M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-1-55
NAME OF CEMETERY OR ~~CREMATORY~~ Western
LOCATION (City, town, or county) (State) Balto, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/31/55
REGISTRAR'S SIGNATURE G. W. Hedrick
24. FUNERAL DIRECTOR W. Cook Inc
ADDRESS 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09476

Item 2, Film G188 10-27-55 et

9483

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7yr3mos12days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
3 Vol-4
STREET ADDRESS (If rural give location) 16 Maempel Lane
~~Seton Institute~~

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Lahner

4. DATE OF DEATH: (Month) (Day) (Year) October 12, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1872
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Jhon B. Lahner
14. MOTHER'S MAIDEN NAME: Margaret Lahner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2 weeks

DUE TO

ANTECEDENT CAUSE (B) Arteriosclerotic nephrosclerosis — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7- , 19 53 to 10-12- , 19 55 that I last saw the deceased alive on 10-11- , 19 55, and that death occurred at 1:20A M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF OCT 17 1955
NAME OF CEMETERY OR CREMATORY U OF M MEDICAL SCHOOL
LOCATION (City, town, or county) 29 S GREEN ST
(State) MD

DATE REC'D BY LOCAL REGISTRAR Oct. 18, 1955
REGISTRAR'S SIGNATURE Victor E. Harvey
24. FUNERAL DIRECTOR Daniel Bros
ADDRESS 1800 E LOMBARD ST

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09477

9484 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 842 Wildwood Parkway

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) P. (Last) Lambros

4. DATE OF DEATH: (Month) October (Day) 20, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1-10-1887
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Lambros
14. MOTHER'S MAIDEN NAME: Diana Kaludis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — 7 days
DUE TO
ANTECEDENT CAUSE (S) Arteriosclerotic cardiovascular disease — Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Residual hemiplegia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic arthritis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14- , 1955, to 10-20- , 1955 that I last saw the deceased alive on 10-20- , 1955, and that death occurred at 11 A. M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/22/55
NAME OF CEMETERY OR CREMATORY Greek Orthodox Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR October 22. 1955
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Wm. J. Tichner & Sons
ADDRESS Baltimore, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09478

9485

CERTIFICATE OF DEATH

Reg. Dist. No. 4V

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01.4
STREET ADDRESS (If rural give location) 5302 ETHELBERT AVENUE

3. NAME OF DECEASED: (Type or Print) EDGAR (First) (NMI) (Middle) LA TART (Last)
4. DATE OF DEATH (Month) OCTOBER (Day) 9 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: 7/9/89
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE
10B. KIND OF BUSINESS OR INDUSTRY: CATERERS
11. BIRTHPLACE (State or foreign country): CLAYTON, NEW YORK
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: JOHN LA TART
14. MOTHER'S MAIDEN NAME: LETITIA MC CARTHY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 109-05-2165
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X

IMMEDIATE CAUSE (A) ADENOCARCINOMA OF RECTUM WITH METASTASES — 9 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from SEPT. 23 1955, to OCT. 9, 1955, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 5:00PM, from the causes and on the date stated above.

SIGNATURE FRANCIS G. DICKEY, M.D. Chief, Medical Service
ADDRESS M.D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10/12/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10-12-55
REGISTRAR'S SIGNATURE DMR
24. FUNERAL DIRECTOR VERNON C. LEMMON FUNERAL HOME
ADDRESS 4611 PARK HEIGHTS AVE., BALTIMORE, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

Levy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09479

1 9436 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Wayne Nursing Home Smithwood & Summit Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 4507 Springdale Ave.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) W. (Last) LEVY

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 18, 1872
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Flaunlacher
14. MOTHER'S MAIDEN NAME: Sarah Wornitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Irvin Gordon - 4507 Springdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hemiplegia Right.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis
DUE TO
(c)

334X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19..., to 24 Oct. 1955, 19..., that I last saw the deceased alive on 22 Oct 55, 19..., and that death occurred at 1:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) W. M. Grath M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 Md DATE SIGNED 24 Oct. 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/26/55
NAME OF CEMETERY OR CREMATORY Balto. Hebrew Cem.
LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REGISTRAR 10/24/55
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Wm. J. Tietjens & Sons
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09480

Reg. Dist. No.

9487

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX — LENGTH OF STAY (in this place)

54

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 361 Townsend Rd.

00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD. COUNTY: BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX — 54

STREET ADDRESS (If rural, give location): 619 FRANKLYN Ave.

3. NAME OF DECEASED: (Type or Print) (First) Chancey (Middle) A. (Last) Lewis

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: NOV 15, 1884

9. AGE last birthday: 70 yrs.

IF UNDER 1 YEAR: Months — Days. IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Mark if retired): MAINTAINANCE

10b. KIND OF BUSINESS OR INDUSTRY: GLEN-MARTIN

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lewis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-4556

17. INFORMANT & ADDRESS: Estelle Lewis (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

199.9

Immediate cause (a) Metastatic carcinoma, intra-abdominal and Pulmonary — 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Origin unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1955, to Oct 15, 1955, that I last saw the deceased alive on Oct 14, 1955, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE: Joseph Lynch (DEGREE OR TITLE) M.D. ADDRESS: 423 Eastern Ave Essex 21 Md. DATE SIGNED: 10/17/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-18-55 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Balto. MD.

DATE REC'D BY LOCAL REG.: 10/17/55 — REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: J. Gordon Connelly — ADDRESS: Essex, Md.

VS. A15 8-51

(4)

1

—INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **[redacted] hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09481

CERTIFICATE OF DEATH

9488

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard

LENGTH OF STAY (In this place) 19 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 839 Glade Court

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) C. (Last) LEWIS

4. DATE OF DEATH (Month) October (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/26/98

9. AGE last birthday: 57 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (State or foreign country): Mount Airy, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Lewis

14. MOTHER'S MAIDEN NAME: Eva O'Neill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO. 217-12-0937

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) (B) TUBERCULOSIS OF APEX OF LOWER LOBE, LEFT LUNG — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

002X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from October 4, 1955, to October 23 1955, that I last saw the deceased alive on [redacted] and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D.

ADDRESS (Street, city, town, state): M.D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: OCT 26 1955

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

24. REC'D BY REGISTRAR DATE: Oct. 25, 1955

REGISTRAR'S SIGNATURE: Dawson L. Ferter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm.Cook-Blight, Inc. 6009 Harford Rd. Baltimore 14, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10555

CERTIFICATE OF DEATH

9439

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (in this place) 9 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y01-4

STREET ADDRESS (If rural give location) formerly of 1102 N. Calvert St. ~~Usual permanent address~~

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) M. (Last) LOUGHBOROUGH

4. DATE OF DEATH (Month) October (Day) 31 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/17/76

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reporter

10b. KIND OF BUSINESS OR INDUSTRY: News Paper

11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James M. Loughborough

14. MOTHER'S MAIDEN NAME: Mary W. Webster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 422.1 ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

ANTECEDENT CAUSE(S) DUE TO (B) GENERALIZED ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 1002X

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: 1. Tuberculosis, chronic, Pulmonary, Moderately Advanced, inactive. (2) Decubitus ulcer, lt. foot & ankle (3) Chronic Brain Syndrome

1. Unknown 2. 4 weeks 3. Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1955, to Oct. 31, 1955, ~~that I saw the deceased alive on~~ ~~19~~ and that death occurred at 9:15 P.M. from the causes and on the date stated above.

SIGNATURE Milton Ginsberg **ADDRESS** (Street, city, town, state) **DATE SIGNED**

Milton Ginsberg,M.D.,Acting Chief,Surgical Service, VAH, FORT HOWARD, MARYLAND 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/4/55

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

24. REC'D BY REGISTRAR DATE Nov. 7, 1955

REGISTRAR'S SIGNATURE Dawson L. Farler

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Wm.J.Tickner & Sons,Inc.North Penna.Ave. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09482

CERTIFICATE OF DEATH

Reg. Dist. No. 38

9490

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brooklandville,
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville,
STREET ADDRESS (If rural, give location) Valley Road

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Percy (Last) Lucas

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 8, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President-General Utilities & Operating Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Pike Lucas

14. MOTHER'S MAIDEN NAME: Annabelle Merryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Edgar M. Lucas Valley Rd. Brooklandville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of the Colon

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia — 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 19 55, to Oct. 15, 19 55, that I last saw the deceased alive on Oct. 15, 19 55, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE Waverly S. Green, Jr. (DEGREE OR TITLE) M.D. ADDRESS Pikesville 8, Balto. Co., Md. DATE SIGNED Oct. 16, 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct. 18, 1955

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REG. OCT 21 1955

REGISTRAR'S SIGNATURE Mabel Gray B

24. FUNERAL DIRECTOR John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09483

9491

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Beaver Dam Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Hardin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ada 72X-3
STREET ADDRESS (If rural give location) 113 So. Johnson St

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Maude (Last) Luft

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10 June 1889
9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Allen County Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hull
14. MOTHER'S MAIDEN NAME: Margaret Withum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Son - Paul Harrod, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X
IMMEDIATE CAUSE (A) Carcin Omatosis — over 9 months
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cancer of Colon — about 2 yrs
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to Oct, 1955, that I last saw the deceased alive on 11 Oct., 1955, and that death occurred at 12:15 A M, from the causes and on the date stated above.

SIGNATURE Walter T. Kees M. D. ADDRESS Cockeysville DATE SIGNED 12 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Oct. 12, 1955 — NAME OF CEMETERY OR CREMATORY Chiles Funeral Home — LOCATION (City, town, or county) (State) Lima, Ohio

DATE REC'D BY LOCAL REGISTRAR 13 October 1955 — REGISTRAR'S SIGNATURE Anne Armistead MacRae — 24. FUNERAL DIRECTOR John Burns' Sons — ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10557

9492

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn (Rural)
STREET ADDRESS (If rural give location) Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) MARGARET (Last) MacKENZIE

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 23, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept. 27, 1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? Hannon
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Woodlawn - 7, Md. Miss Adelaide MacKenzie Dogwood Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

IMMEDIATE CAUSE (A) Carcinomatosis

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of Intestine (Large)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cardio-Vascular Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1955
19B. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954, 19..., to 10/23/, 1955 that I last saw the deceased alive on 10/22/, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE Wm. E. Martin M.D. ADDRESS Randallstown, Md DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 26, 1955
NAME OF CEMETERY OR CREMATORY: Good Sheppard Cemetery
LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR 10/24/55
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR Easton & Sons
ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9493

Reg. Dist. No. 09484

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 2211 DUKER COURT

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) E. (Last) MACKEY

4. DATE OF DEATH: (Month) OCTOBER (Day) 8, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-4-97
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: ROOFING
11. BIRTHPLACE (State or foreign country): CHURCH HILL, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER MACKEY
14. MOTHER'S MAIDEN NAME: ANNA USILTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW - II
16. SOCIAL SECURITY NO. 218-07-3343
17. INFORMANT & ADDRESS: CLIN.REC.,VET. ADM. HOSP.,FT. HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA OF LUNG — 7 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATIC HEART DISEASE. — 12+ YEARS

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1955, to Oct. 8, 1955, ~~that I last saw the deceased alive on 19~~ and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE William E. Hill
WILLIAM E. HILL, M.D. M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 10-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 11, 1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR LILLY & ZEILER FUNERAL HOME ADDRESS 1901 Eastern Ave., Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09485

9494

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) North Stokes St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) G (Last) Mackin
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-16-1888
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Civil Engineer
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Mackin
14. MOTHER'S MAIDEN NAME: Mary Crane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
Immediate cause (a) Myocardial Insufficiency — 1 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular Disease — 10 yr. (?)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1955, to 10-20, 1955, that I last saw the deceased alive on 10-19, 1955, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Gallager (Degree or title) M.D. — ADDRESS: Catonsville 28, Md. — DATE SIGNED: 10-20-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-22-55 — NAME OF CEMETERY OR CREMATORY: Angel Hill Cemetery — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: 10/21/55 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: 225 S. Washington St. Havre de Grace, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09486

9495

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH

COUNTY Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyde (Rural) — LENGTH OF STAY (in this place) 4 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Elder Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyde (Rural)

STREET ADDRESS (If rural give location) Elder Rd.

3. NAME OF DECEASED (Type or Print) (First) LOIS (Middle) WADE (Last) MACRUM

4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH 1-4-1865

9. AGE last birthday 90 yrs.

IF UNDER 1 YEAR: Months ___ Days ___

IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Wade

14. MOTHER'S MAIDEN NAME Elizabeth Hoopes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ___

17. INFORMANT & ADDRESS Geo. H. Elder, Hyde, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 20 mnts

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 10-26, 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Walter M. Hammett M.D. **ADDRESS** (Street, city, town, state) Baltimore **DATE SIGNED** Oct 26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 10-28-55 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) Baltimore (State) Md.

24. REC'D BY REGISTRAR DATE 10-27-55 — REGISTRAR'S SIGNATURE Wm Hammett

25. FUNERAL DIRECTOR'S SIGNATURE J. Scott Brooks — ADDRESS Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9381

CERTIFICATE OF DEATH

09487

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk 53 | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 275 Baltimore Ave. 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 53

STREET ADDRESS (If rural give location) 275 Baltimore Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) CARLO (Middle) (Last) MARCOMIN

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 23, 1877

9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dominick Marcomin

14. MOTHER'S MAIDEN NAME: Dominca ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Albert Marcomin 275 Baltimore Ave-22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1954, to 10/27 1955, that I last saw the deceased alive on 10/26 1955, and that death occurred at 12 AM, from the causes and on the date stated above.

SIGNATURE Joseph R. Lehert (Degree or title) M.D. ADDRESS 1011 N. Charles St. DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 31, 1955 | NAME OF CEMETERY OR CREMATORY St. Stanislaus | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Oct 31-1955 | REGISTRAR'S SIGNATURE William M Kelly

24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2112 Dundalk Ave.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09488

9496

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sp. Pt. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — 54
STREET ADDRESS (If rural, give location) 24 Hagners Lane — 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Masson
4. DATE OF DEATH (Month) (Day) (Year): 10 - 31 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 13 - 1896
9. AGE last birthday: 59 yrs. — If under 1 year: Months 8, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Balto. Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles L. Masson
14. MOTHER'S MAIDEN NAME: Mary Bartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-03-6086
17. INFORMANT AND ADDRESS: Julia S. Masson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M Brown MD (Degree or title) Dep. Med. Exam. ADDRESS Frederick-rr-Md DATE SIGNED 10/31/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 3-55
NAME OF CEMETERY OR CREMATORY: Balto. National
LOCATION (City, town, or county) (State): Frederick Rd. Md

DATE REC'D BY LOCAL REG. 11/1/55
REGISTRAR'S SIGNATURE: W. Frederick Test ✓
24. FUNERAL DIRECTOR: John G. Connelly ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

9382

09489

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN DUNDALK

LENGTH OF STAY (In this place) 2 & 4 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave. West of North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY BALTO.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Baltimore~~ SPARROWS POINT (19)

STREET ADDRESS (If rural, give location) 1223 Forest Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) JOHN (Last) MATTOLA

4. DATE OF DEATH (Month) October (Day) 14 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JANE, 1932

9. AGE last birthday: ~~24~~ 23 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ARMY

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL MATTOLA

14. MOTHER'S MAIDEN NAME: JOSEPHINE (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) 1952 ~~[illegible]~~ 1954

16. SOCIAL SECURITY NO.: 191-22-9386

17. INFORMANT & ADDRESS: JOSEPHINE MATTOLA - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 823X

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed Chest

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

21c. (City or town) Baltimore (County) (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/14/55 2:35 AM.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Speeding auto - out of control

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-17-55

NAME OF CEMETERY OR CREMATORY Baltimore Network

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. JUL 17 1955

REGISTRAR'S SIGNATURE Mrs. Edith Lindsey

24. FUNERAL DIRECTOR Walter Bruce Bradley

ADDRESS Hundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09490

9497

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
STREET ADDRESS (If rural give location) 28 Wingate Road

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) G. (Last) McBride

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 25, 1903
9. AGE last birthday 51 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Stinchcomb
14. MOTHER'S MAIDEN NAME: Helen M. Gempp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 214-22-8905
17. INFORMANT & ADDRESS: Albert V. McBride, 28 Wingate Rd. Owings Mill

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

IMMEDIATE CAUSE (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: ? hours

ANTECEDENT CAUSE (S) DUE TO (B) Rheumatic Heart Disease & Aortic Stenosis + Insufficiency, Mitral Stenosis + Insuff. — ? years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Atrial Flutter + Fibrillation

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1955 to 10-26, 1955, that I last saw the deceased alive on 10-25, 1955, and that death occurred at 6 A. M, from the causes and on the date stated above.

SIGNATURE Flen Aalsman M. D. ADDRESS 5907 Hunyan Oak Ave DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 29, 1955
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/27/1955
REGISTRAR'S SIGNATURE Dorothy A. Newell
24. FUNERAL DIRECTOR Frank H. Newell
ADDRESS Pikesville

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09491

CERTIFICATE OF DEATH

9498

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY BALTO. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X JONES' CREEK (19)

LENGTH OF STAY (in this place) 12 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2413 KETCHUM AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY BALTO

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) JONES' CREEK (19) X

STREET ADDRESS (If rural give location) 2413 KETCHUM AVE

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) WILLIAM (Last) McFARLAND

4. DATE OF DEATH (Month) 10- (Day) 30- (Year) 19 55

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH FEB 11, 1900

9. AGE last birthday 55 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN.

10b. KIND OF BUSINESS OR INDUSTRY STORM WINDOW

11. BIRTHPLACE (State or foreign country) W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WM. McFARLAND

14. MOTHER'S MAIDEN NAME MARGARET J. (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 287-03-3835

17. INFORMANT & ADDRESS CATHERINE W. McFARLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE(S) DUE TO (B) Coronary Artery Disease — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 55, to Oct. 30, 19 55, that I last saw the deceased alive on Oct. 30, 19 55, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE J. J. Mears M.D. ADDRESS (Street, city, town, state) 520 D St. Balto. 19 Md DATE SIGNED 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 11-2-55

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) BALTO. CO. (State) Md.

24. REC'D BY REGISTRAR DATE Nov. 2-55 REGISTRAR'S SIGNATURE Dawson L. Harlan

25. FUNERAL DIRECTOR'S SIGNATURE Walter Arch Bradley ADDRESS Dundalk, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09492

9499

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5a Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01.4
STREET ADDRESS (If rural give location) 1618 N. BENTALOU ST.

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) M. (Last) McDermit
4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 3-5-1880
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? SNIVLEY
14. MOTHER'S MAIDEN NAME: MILDRED KOONTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: MRS. FRANK MULLIGAN 2143 W. NORTH AV. BALTO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH 10/3/55

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROSIS — to

DUE TO

(C) — 10/12/55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1955, to Oct. 12, 1955, that I last saw the deceased alive on ....., 19..., and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS S. B. St. H. DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/15/55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 10-13-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Dickens & Sons
ADDRESS Balto. Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09493

9500

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocheam

LENGTH OF STAY (in this place) 3 yrs 6 mon.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 7

STREET ADDRESS (If rural give location) 3700 Cedar Drive - Rocheam

3. NAME OF DECEASED: (Type or Print) First: Arthur (Middle): — (Last): McLean, Sr.

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6-22-1870

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Chicago Tribune

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Arthur McLean

14. MOTHER'S MAIDEN NAME: Ruth E. Hobbs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Mr. E. Edward McLean - 3700 Cedar Drive Balto. 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
490 X **Immediate cause**	(a) Congestive Heart Failure	one day
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Globe Pneumonia	One week
DUE TO		
	(c) Generalized Arteriosclerosis	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to Oct. 9, 1955, that I last saw the deceased alive on Oct 8, 1955, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE Edwin Y. Bishop, M.D. (Degree or title) ADDRESS 8204 Liberty Rd Balto 7, Md. DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-12-55

NAME OF CEMETERY OR CREMATORY Mt View

LOCATION (City, town, or county) (State) Howard Co., Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 11, 1955

REGISTRAR'S SIGNATURE Wm. E. Martue

24. FUNERAL DIRECTOR Luther H. Haight

ADDRESS Lyndhurst, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09494

1 9501

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 1846 W. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) (Last) Mc Manus
4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: December 1878
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Cyril R Murphy Jr - 1208 First Natl Bk

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42201

IMMEDIATE CAUSE (A) ~~Infarctive penumonitis~~ ~~5 days~~

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ~~Pulmonary thrombosis~~ ~~5 days~~ DUE TO

(C) ~~Arteriosclerotic cardiovascular disease~~ ~~years~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1953, to 10/14, 1955, that I last saw the deceased alive on 10/14, 1955, and that death occurred at 10.15 P. M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 10/15/1955

23. BURIAL, CREMATION, REMOVAL ~~(SPECIFY)~~ DATE THEREOF Oct 18-1955 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-17-55 REGISTRAR'S SIGNATURE R. W. Gabriel
24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St Paul St

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09495

9592

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2023 Russell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 2023 Russell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Arestess (Last) Merson

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 23, 1896
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Produce Co.
11. BIRTHPLACE (State or foreign country): Savage, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Merson
14. MOTHER'S MAIDEN NAME: Elizabeth A. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO. 213-05-5261
17. INFORMANT & ADDRESS: Clara M. Merson - 2023 Russell Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1955, to 10/25, 1955, that I last saw the deceased alive on 10/10, 1955, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Milton Schlenoff M.D. ADDRESS 6410 Windsor Mill Rd Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/27/55
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 10/28/55
REGISTRAR'S SIGNATURE A. W. Hadrick
24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS Ellsworth Armacost - 4600 Liberty Hghts. Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09496

9503

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HARBOR VIEW X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 S. 48th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARBOR VIEW X
STREET ADDRESS (If rural give location) 500 S. 48th St.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) THEODORE (Last) MILLER

4. DATE OF DEATH: (Month) OCT. (Day) 1 (Year) 1955.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 21 1863
9. AGE last birthday 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? MILLER
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --
If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Henry C. Koos 500 S. 48th St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X

IMMEDIATE CAUSE (A) Malignancy of Rectum (adeno carcinoma) — 6 months

DUE TO

ANTECEDENT CAUSE (B) Elephantiasis — 15 years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Hypertrophic Arthritis — 30 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Oct 1, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 12:45 M, from the causes and on the date stated above.

SIGNATURE Morris A. Jacobs M.D. ADDRESS M.D. 1010 North Point Rd. - Balto 24 Md. DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 10-4-55 — NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM. — LOCATION (City, town, or county) (State) ANNAPOLIS RD., MD.

DATE REC'D BY LOCAL REGISTRAR 10-3-55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Charles S. Geiler — ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09497

9594

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (in this place) 20 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 328 W. Camden Street

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) F. (Last) MILLER

4. DATE OF DEATH (Month) October (Day) 24, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/10/87

9. AGE last birthday: 68 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Can Company

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Miller

14. MOTHER'S MAIDEN NAME: Mary Dailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 214-03-2430

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) HEMORRHAGE, CEREBRAL — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

ANTECEDENT CAUSE(S) DUE TO (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY EMPHYSEMA — UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from October 4, 19 55, to October 24 19 55, ~~last saw the deceased~~ ~~alive on the date~~ ~~and that death occurred at~~ 2:50 P.M. from the causes and on the date stated above.

SIGNATURE F G Dickey MD

ADDRESS (Street, city, town, state) VAH, FORT HOWARD, MARYLAND

DATE SIGNED 10-25-55

Francis G. Dickey, M.D., Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-28-55

NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

24. REC'D BY REGISTRAR DATE 10-27-55

REGISTRAR'S SIGNATURE Dr D. L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE Bernard Dabrowski

ADDRESS 2818 E. Baltimore St. Baltimore, Md.

E.J.

1966

MARYLAND

09498

STATE DEPARTMETT OF HEALTH

9505

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place) 52	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1507 SUMMIT AVE 00	STREET ADDRESS (If rural, give location) 1507 SUMMIT AVE. 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARY	LOUISE	MILLER		10	15	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	March 3, 1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER	HOME	VA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RICHARD OETERS	LOUISE O'KEEFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		—	Harry L. Miller Jr. 1507 Summit Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Myocardial failure — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ASCVD — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1955, to 10-15, 1955, that I last saw the deceased alive on 10-15, 1955, and that death occurred at 945 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Magness	M.D.	Catonsville Md	10-17-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-18-55	Cathedral Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/17/55	V. E. Harry	Farley Funeral Home	Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09499

9506

CERTIFICATE OF DEATH

Reg. Dist. No. 58

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 3 MOS.
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 HILLSIDE AVE
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
55
STREET ADDRESS (If rural give location) 11 HILLSIDE AVE
1

3. NAME OF DECEASED: (Type or Print) (First) MATTIE (Middle) P. (Last) MILLER

4. DATE OF DEATH: (Month) OCT. (Day) 1 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 29, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LEWISTOWN MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JACOB P. WELLER

14. MOTHER'S MAIDEN NAME: JOANNA WEBB

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. G. R. ROEFOED 11 HILLSIDE AVE TOWSON-4-MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

157X

Immediate cause (a) Carcinoma Pancreas

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1955, to Oct 1, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 12:15 P.M. from the causes and on the date stated above.

SIGNATURE Laurence C. Post (Degree or title) M.D. ADDRESS 6805 York Rd DATE SIGNED Oct. 2, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF OCT. 4, 1955 — NAME OF CEMETERY OR CREMATORY UTICA CHURCH CEM. — LOCATION (City, town, or county) FREDERICK Co. (State) MD.

DATE REC'D BY LOCAL REGISTRAR 10 4 55 — REGISTRAR'S SIGNATURE J. W. Hedrick

24. FUNERAL DIRECTOR Henry H. Jenkins & Sons Co. ADDRESS 4905 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1966

09500

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9517

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 mos. 18 days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
3V01-4
STREET ADDRESS (If rural give location) 514 Cathedral Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) V. (Last) Mitchell

4. DATE OF DEATH: (Month) October (Day) 14, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-21-1896

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Taylor

14. MOTHER'S MAIDEN NAME: Isadore Marmsduke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Adenocarcinoma descending colon — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26-, 1955 to 10-14-, 1955, that I last saw the deceased alive on 10-14-, 1955, and that death occurred at 4:35P M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler ADDRESS Spring Grove State Hospital M. D. Catonsville 28, Maryland DATE SIGNED 10-14-55

23. BURIAL CREMATION REMOVAL (SPECIFY) Burial — DATE THEREOF 10/18-55 — NAME OF CEMETERY OR CREMATORY Balto. National Cem. — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 10/17/55 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Foley Funeral Home — ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09501

9383

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: 3122 Dunglow Road
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
LENGTH OF STAY (in this place) 45yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: 3122 Dunglow Rd. Dundalk
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 3122 Dunglow Road 22

3. NAME OF DECEASED: (Type or Print) (First) Page (Middle) H. (Last) Mitchell

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 1st. 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): retired (Grocery)

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mitchell

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Catherine Mitchell, 3122 Dunglow Rd. 22

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 6 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease — 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to 16 Oct, 1955, that I last saw the deceased alive on 16 Oct, 1955, and that death occurred at 10 45 AM, from the causes and on the date stated above.

SIGNATURE Ben Jacob (Degree or title) MD ADDRESS 2900 Fleusmed Rd DATE SIGNED 10-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 19/55

NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Philip Herwig Sons, ADDRESS 2024 Orleans St. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09502

9508

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Villa Nova
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home 4105 Essez Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 305 Reisterstown Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARVIN (Middle) HERBERT (Last) MOORE

4. DATE OF DEATH: (Month) Oct. (Day) 28, (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: April 27, 1903
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Oil Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George R. Moore
14. MOTHER'S MAIDEN NAME: Effie E. Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Pikesville, Md. Mrs. Mildred Krumm - 305 Reisterstown Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

148X IMMEDIATE CAUSE (A) Hemorrhage from carotid artery — minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Cancer of the Pharynx — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1950, to Oct 27, 1955, that I last saw the deceased alive on 10/26, 1955, and that death occurred at 8 30/a M, from the causes and on the date stated above.

SIGNATURE Louis Dalman M. D. ADDRESS 1413 Reisterstown Rd Pikesville DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/31/55
NAME OF CEMETERY OR CREMATORY: Balto. Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 10/31/55
REGISTRAR'S SIGNATURE: C. W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons. ADDRESS: Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09503

9599

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:

COUNTY BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Essex

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 MARGARET

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54

STREET ADDRESS (If rural, give location) 307 MARGARET Ave.

54 00

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) (Last) MOSES

4. DATE OF DEATH: (Month) (Day) (Year) 10 – 13 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: ? 1881

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boston

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Welfare Board

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to Oct 13, 1955, that I last saw the deceased alive on Oct 13, 1955, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE W Baumgardner (DEGREE OR TITLE) MD ADDRESS Balto Md DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 18-55

NAME OF CEMETERY OR CREMATORY St. Vincents

LOCATION (City, town, or county) Germantown Md (State)

DATE REC'D BY LOCAL REG. 10/18/55

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John J. Connelly ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

09504

MARYLAND 9510

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7803 Wilson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7803 Wilson Avenue #14

3. NAME OF DECEASED (Type or Print) Mr. (First) Thomas (Middle) H. (Last) Nail

4. DATE OF DEATH (Month) October (Day) 16 (Year) 1955

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH June 6, 1898

9. AGE last birthday 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Springridge, Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr. John Nail

14. MOTHER'S MAIDEN NAME Rhoda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 215-03-8340

17. INFORMANT AND ADDRESS Mrs. Mary Helen Nail, 7803 Wilson Ave #14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Acute Coronary Occlusion — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Oct 16, 1955, that I last saw the deceased alive on Oct 16, 1955, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE George Sawyer (Degree or title) M.D. ADDRESS 4808 Harford Rd. DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 10/19/55

NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. 10/18/55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Sawyer

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09505

9511

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): MIDDLE RIVER
LENGTH OF STAY (in this place): 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1600 SHORE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): MIDDLE RIVER
STREET ADDRESS (If rural give location): 1600 SHORE RD.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANTHONY JOSEPH NARESKY

4. DATE OF DEATH (Month) (Day) (Year): OCT. 28, 19 55

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 12, 1899
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AIRCRAFT MECH.
10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT MFG.
11. BIRTHPLACE (State or foreign country): BALTO. MARYLAND
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: ANTHONY NARESKY
14. MOTHER'S MAIDEN NAME: ~~XXXXXX~~ KONSTANCE KUACHAUAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-09-9881
17. INFORMANT & ADDRESS: ZELMA NARESKY

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X IMMEDIATE CAUSE (A) Bronchogenic Carcinoma rt. lung — 10 months

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 19 55, to Oct 28, 19 55, that I last saw the deceased alive on 10/28, 19 55, and that death occurred at 7 A M, from the causes and on the date stated above.

SIGNATURE: G. L. Kolodny M.D. — ADDRESS (Street, city, town, state): 825 Eastern Blvd. Balt. — DATE SIGNED: 10/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: OCT. 31, 1955
NAME OF CEMETERY OR CREMATORY: SACRED HEART OF JESUS
LOCATION (City, town, or county) (State): BALTO. CO. MD.

24. REC'D BY REGISTRAR — DATE: 10/28/55
REGISTRAR'S SIGNATURE: Esich Hurley
25. FUNERAL DIRECTOR'S SIGNATURE: James J. Buydynski — ADDRESS: 1461 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9512

09506

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Debaugh Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 617 Debaugh Ave

3. NAME OF DECEASED (Type or Print) (First) Jerusha (Middle) (Last) Naylor

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 3 - 1874

9. AGE last birthday 81 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Balto Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christopher Corcoran

14. MOTHER'S MAIDEN NAME Cynthia Fowble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Marie Horton 617 Debaugh Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — ?

(c) Hypertrophied Heart — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchitis & Asthma — 20 years

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-7-, 1954, to 10-11-, 1955, that I last saw the deceased alive on 10-11-, 1955, and that death occurred at 12 p.m., from the causes and on the date stated above.

SIGNATURE Robert Hive (Degree or title) M.D. ADDRESS DATE SIGNED 10-12-55

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 10/14/55 — NAME OF CEMETERY OR CREMATORY Trinity Episcopal Cem — LOCATION (City, town, or county) Loving Green (State) Balto Md

DATE REC'D BY LOCAL REG. 10-12-55 — REGISTRAR'S SIGNATURE H W Kedrick Deputy

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd

Dr Siver
3105. N. Charles St.

9384

09507

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Wise Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chas. Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frederick (Last) Neumann

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 9/23/1894

9. AGE last birthday: 61 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GUSTAV NEUMANN

14. MOTHER'S MAIDEN NAME: EMMA PLITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: CHARLES NEUMANN, 70 WISE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, or street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M. Bowers M.D.

M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 10/17/55

NAME OF CEMETERY OR CREMATORY SCHWARTZ'S CEMT.

LOCATION (City, town, or county) BALTO. (State) MD.

DATE REC'D BY LOCAL REG. 10/14/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR C.F. Hoffmann

ADDRESS 3218 HUDSON ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09508

9513

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 123 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3401.4
STREET ADDRESS (If rural give location) 414 LAURENS STREET

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (NMI) (Last) NICHOLS

4. DATE OF DEATH: (Month) OCTOBER (Day) 15, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6/11/90
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10B. KIND OF BUSINESS OR INDUSTRY: Drydock
11. BIRTHPLACE (State or foreign country): Plymouth, N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABRAHAM NICHOLS
14. MOTHER'S MAIDEN NAME: SARA BOLDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 218-10-1128
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X IMMEDIATE CAUSE (A) CARCINOMA OF BLADDER — INTERVAL BETWEEN ONSET AND DEATH: 28 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1955, to Oct. 15, 1955, ~~that I last saw the deceased alive on 19~~, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10/19/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 10-17-55
REGISTRAR'S SIGNATURE W. Hedrick
24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY
ADDRESS ~~802-04 MADISON AVE., BALTO., MD.~~

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9514

CERTIFICATE OF DEATH

09509

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 48 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: DISTRICT OF COLUMBIA ~~STATE~~ COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47 X-3
STREET ADDRESS (If rural give location) 1544 - 25th Street, S. E. ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) NOBLE

4. DATE OF DEATH (Month) OCTOBER (Day) 19 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 3-4-96

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PATHOLOGIST

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BRANCHVILLE, S. CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: GEORGE M. NOBLE

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) YES ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

356.1

IMMEDIATE CAUSE (A) AMYOTROPHIC LATERAL SCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from SEPT. 1, 1955, to OCTOBER 19 1955, XXXXXXXXXXXXXXXXX ~~that I last saw the deceased~~ XXXXXXXXXXXXXXXXXXX and that death occurred at 8:30 P.M, from the causes and on the date stated above.

SIGNATURE B. Dickey
FRANCIS G. DICKEY, M.D., Chief, Medical Service M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 10-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF 10-22-55
NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY
LOCATION (City, town, or county) (State) Prince Georges County, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 20-55
REGISTRAR'S SIGNATURE Dawson L. Harber

24 FUNERAL DIRECTOR CHAMBERS FUNERAL HOME
ADDRESS 517 11th Street, S.E. WASHINGTON D. C.

9515

09510

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Reisterstown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Old Hanover Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Norris (Last)

4. DATE OF DEATH (Month) (Day) (Year) Oct 19, 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 26, 1875

9. AGE last birthday: 80 yrs yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Employee of Balto.Co.Roads

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Norris

14. MOTHER'S MAIDEN NAME: Jane Rickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Margaret U.Norris, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

901.0

Immediate cause (a) Fractured Skull (base) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Reisterstown (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 19 '55 4:30 A.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell from ladder while painting

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A.D. Caplis M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 21/55

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 10-21-55

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR J.F.Eline & Sons, Reisterstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9516 CERTIFICATE OF DEATH 09511

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Fort Howard
LENGTH OF STAY (in this place) 53 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 02-10-2
STREET ADDRESS (If rural give location) 1833 West Street

3. NAME OF DECEASED (Type or Print) (First) JEREMIAH (Middle) (Last) O'BRIEN

4. DATE OF DEATH (Month) October (Day) 30 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 10-9-88
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Auto Parts
11. BIRTHPLACE (State or foreign country) Kanturk Co. Ireland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James O'Brien
14. MOTHER'S MAIDEN NAME Mary Mullane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 097-03-3572
17. INFORMANT & ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
451X IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC ANEURYSM OF PROXIMAL AORTA
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. XXXXX WITH SEVERE RELATIVE INSUFFICIENCY OF AORTIC (B) VALVE
DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept. 7, 1955, to Oct. 30, 1955, ~~that I last saw the deceased~~ XXXXXXXXXXXXXXXX, and that death occurred at 12:35P.M, from the causes and on the date stated above.

SIGNATURE Wm B VandeGrift
William B. VandeGrift, M.D. M.D.
ADDRESS (Street, city, town, state) VAH, FORT HOWARD, MARYLAND
DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 10/31/55
NAME OF CEMETERY OR CREMATORY Long Island National
LOCATION (City, town, or county) (State) Long Island, New York

24. REC'D BY REGISTRAR DATE Nov. 3, 1955
REGISTRAR'S SIGNATURE Dawson L. Farber
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wm.Cook Funeral Home,St. Paul & Preston Sts.
Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09512

9517 **CERTIFICATE OF DEATH**

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 Mt. Wilson State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown X
STREET ADDRESS (If rural give location) Cockeysville Road.

3. NAME OF DECEASED: (Type or Print) (First) Condon (Middle) Rhodes (Last) Orndorff

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: Jan. 1, 1904
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer
10B. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Zepp Va
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jefferson Orndorff
14. MOTHER'S MAIDEN NAME: Willie Wymer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, enter war or dates of service) WWII Army
16. SOCIAL SECURITY NO. 219-14-6997
17. INFORMANT & ADDRESS Mt. Wilson State Hosp. Hosp. Records, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — 8 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1955 to Oct. 20, 1955 that I last saw the deceased alive on Oct. 20, 1955, and that death occurred at 9:20 AM, from the causes and on the date stated above.

SIGNATURE Wilson Martin M.D. ADDRESS Mt. Wilson Md. DATE SIGNED Oct 20, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-24-55
NAME OF CEMETERY OR CREMATORY Zepp
LOCATION (City, town, or county) (State) Zepp, Virginia

DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1955
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR C. M. Waltz
ADDRESS Winfield, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

(3)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09513

9518

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (In this place) 14 Hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V O 1.4

STREET ADDRESS (If rural give location) 1321 West Baltimore Street

3. NAME OF DECEASED (Type or Print) (First) ANTHONY (Middle) (Last) PARKER

4. DATE OF DEATH (Month) October (Day) 25 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/8/17

9. AGE last birthday: 37 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Mobile, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Parker

14. MOTHER'S MAIDEN NAME: Elizabeth Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. 214-05-3241

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

526X IMMEDIATE CAUSE (A) PULMONARY EMPHYSEMA, CHRONIC — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B) BRONCHIECTASIS, CHRONIC — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. COR PULMONALE — UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from October 24 1955, 6:00 PM to October 25, 19 55, 8:00 AM ~~I last saw the deceased alive on~~ ~~19~~ and that death occurred at 8:00AM, from the causes and on the date stated above.

SIGNATURE F.G. Dickey MD, M.D.

ADDRESS (Street, city, town, state) Francis G. Dickey, M.D. Chief, Medical Service VAH, FORT HOWARD MARYLAND

DATE SIGNED 10-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Oct. 28/55

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

24. REC'D BY REGISTRAR DATE Oct. 28, 1955

REGISTRAR'S SIGNATURE Dawson L. Farley

25. FUNERAL DIRECTOR'S SIGNATURE Harry H. Witzke

ADDRESS 4101 Edmondson Ave.Balto.Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09514

9392

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relay 51

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1536 Rolling Rd 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relay 51

STREET ADDRESS (If rural, give location) 1536 Rolling Rd. 1

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) K. (Last) Patterson

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 55

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan.15,1861

9. AGE last birthday: 94 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hamilton Riall

14. MOTHER'S MAIDEN NAME: Rose Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Helen McHale,1538 Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Oct. 19, 1955, that I last saw the deceased alive on Oct. 17, 1955, and that death occurred at 11:20 Am., from the causes and on the date stated above.

SIGNATURE Geo J. Gover (DEGREE OR TITLE) M. D. ADDRESS 1 Callow Hill Ave., Baltimore, Md DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-22-55 — NAME OF CEMETERY OR CREMATORY Loudon Par — LOCATION (City, town, or county) Baltimore (State)

DATE RECD BY LOCAL REG. Oct 22 53 — REGISTRAR'S SIGNATURE Ger Kreffer

24. FUNERAL DIRECTOR Howard H. Hubbard,4107 Wilkens Ave — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

09515

MARYLAND

9519

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

Item 8, FilmG188 10-28-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Berrymans Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural, give location) 1824 Williams Ave

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) ELIZABETH (Last) PENSEL

4. DATE OF DEATH (Month) October (Day) 19 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept. 27 1884

9. AGE last birthday 77 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Pensel

14. MOTHER'S MAIDEN NAME Marie Kunckel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Marie Roeller, Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Vascular Accident — 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia, broncho bilateral — 3 days

(c) Hypertensive C V Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1955, to Oct. 19, 1955, that I last saw the deceased alive on Oct. 19, 1955, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Florence E. McWilliams (Degree or title) M.D. ADDRESS Reisterstown, Maryland DATE SIGNED Oct. 19, 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 10/22/55 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem. — LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REG. 10-22-55 — REGISTRAR'S SIGNATURE H. W. Hebron

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Baltimore, Md.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09516

9520 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 237 N. GILMORE STREET

3. NAME OF DECEASED: (Type or Print) (First) RONIOUS (Middle) (NMI) (Last) PERRY
4. DATE OF DEATH: (Month) OCTOBER (Day) 1 (Year) 19 55
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 7/18/10
9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: CONTRACTOR WORK
11. BIRTHPLACE (State or foreign country): WALSTONBURG, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EDD PERRY
14. MOTHER'S MAIDEN NAME: ANNIE WILLIAMS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 244 16 5913
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X
IMMEDIATE CAUSE (A) LOBAR PNEUMONIA — 10 DAYS
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PANCREATITIS, ACUTE SECONDARY TO ABOVE

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from SEPT. 28, 19 55 to OCT. 1, 19 55 that I last saw the deceased ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 10:10 A.M. from the causes and on the date stated above.

SIGNATURE: [signature] M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 10/5/55
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REGISTRAR: 10-3-55
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: CHARLES R. LAW FUNERAL HOME
ADDRESS: 802 MADISON AVE. BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09517

9521

CERTIFICATE OF DEATH

Reg. Dist. No. 31

Item 9, Film 188 11-1-55 et

1. PLACE OF DEATH COUNTY: Balto — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockdale — LENGTH OF STAY (in this place): 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): 3533 Wild Cherry Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert		Pinder	Oct	24	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	W	Apr 21 1864	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brick Mason	Construction	England	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—		—	Samuel Chapman 3533 Wild Cherry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

140X

Immediate cause (a) Pneumonia of lifetime

Antecedent cause(s) — 4 yr

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-1-1955		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to Oct-24, 1955, that I last saw the deceased alive on Oct-23, 1955, and that death occurred at 12:05 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel H Culver Jr		6007 Wm R Rd	Balto Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-26-55	Woodlawn	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/25/55	C. W. Heduck	Forrest Byers	5005 Pk Heights Ave Balto 15, Md.

8E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6222

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09518

9522

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 101 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILADELPHIA 75 X-3
STREET ADDRESS (If rural give location) 1939 ELSTON STREET

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (NMI) (Last) PINKERTON
4. DATE OF DEATH: (Month) OCTOBER (Day) 20 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 1-28-1888
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIPPING CLERK
10B. KIND OF BUSINESS OR INDUSTRY: MEAT CO.
11. BIRTHPLACE (State or foreign country): PATERSON, NEW JERSEY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: GEORGE PINKERTON
14. MOTHER'S MAIDEN NAME: MARGARET BURKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 159-18-0139
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.1

IMMEDIATE CAUSE (A) LYMPHOSARCOMA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5/9/55
19B. MAJOR FINDINGS OF OPERATION: THORACIC LAMINECTOMY WITH PARTIAL REMOVAL OF TUMOR
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that X attended the deceased from JULY 11, 1955, to OCT. 20, 1955, ~~that I last saw the deceased~~ ~~on the date stated above~~ and that death occurred at 6:10AM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M. D. — ADDRESS VAH FT. HOWARD, MD — DATE SIGNED 10/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 10-20-55 — NAME OF CEMETERY OR CREMATORY: HOLY SEPULCHURE CEMETERY — LOCATION (City, town, or county) (State): PATERSON, NEW JERSEY

DATE RECD BY LOCAL REGISTRAR: Oct 20-55 — REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR: WM. COOK-BLIGHT INC. — ADDRESS: 6009 HARFORD RD BALTIMORE, MD

SHIPPED TO: James Murray Funeral Home, Chelton Ave. & Sprague St. Philadelphia, Pennsylvania

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09519

9523

CERTIFICATE OF DEATH

Reg. Dist. No. 58

1. PLACE OF DEATH: Sheppard-Pratt Hospital
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 55
LENGTH OF STAY (in this place) 4½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard and Enoch Pratt Hospital 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2602 Elsinore Ave. - 16

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) May (Last) PITTS

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 6, 1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James T. Mitchell

14. MOTHER'S MAIDEN NAME: Grace Baldwin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Cerebral thrombosis	1 month
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized arteriosclerosis and chronic myocarditis.	4 years plus
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 4 yr +

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1951, to Oct. 22, 1955, that I last saw the deceased alive on Oct 21, 1955, and that death occurred at 3:30 a.m. from the causes and on the date stated above.

SIGNATURE W. Elgin MD (Degree or title) Asst. Med. Supt. ADDRESS Sheppard-Pratt Hosp. DATE SIGNED 10/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/25/55 NAME OF CEMETERY OR CREMATORY Green Mount Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10/24/55 REGISTRAR'S SIGNATURE A. W. Hedrick 24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9524 09520

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 43

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN FULLERTON
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 292 Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) 292 Ridge Road

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) (Last) Pressoe

4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1955

5. SEX: Fem **6. COLOR OR RACE:** Col. **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow. **8. DATE OF BIRTH:** Oct 16/1876 **9. AGE last birthday:** 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None. **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Balto. Co. Md. **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Henry Pressoe **14. MOTHER'S MAIDEN NAME:** Mary (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** **17. INFORMANT & ADDRESS?** Laura Johnson (Sister).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

4-20.1
Immediate cause (a) Coronary occlusion — Unknown
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cor. Vascular Disease — Unknown
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY** **21c. (City or town)** (County) (State)

21d. TIME OF INJURY (Month) Oct (Day) 3 (Year) 55 (Hour) 8 P.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☑ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. M. Carmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 10-6-55 **NAME OF CEMETERY OR CREMATORY** Arbutus Mem. Pk **LOCATION (City, town, or county)** Arbutus, Md. (State)

DATE REC'D BY LOCAL REG. 10-6-55 **REGISTRAR'S SIGNATURE** Geo. W. Hedrick **24. FUNERAL DIRECTOR** Joseph E. Rocks Jr. **ADDRESS** 1304 N. Central Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9525

CERTIFICATE OF DEATH

Reg. Dist. No. 09521 77

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Sherwood Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville X
STREET ADDRESS (If rural give location) Sherwood Road 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Price

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 5, 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Price

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: daughter; Mrs. Mary Howard, Cockeysville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

DUE TO

ANTECEDENT CAUSE (S) (B) Cor pulmonale — years.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Chronic bronchiectasis

526X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Oct. 18, 1955, that I last saw the deceased alive on Oct. 18, 1955, and that death occurred at 5 A. M, from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill M. D. ADDRESS Cockeysville Md. DATE SIGNED 10/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried — DATE THEREOF 10-21-55 — NAME OF CEMETERY OR CREMATORY Jessops Methodist — LOCATION (City, town, or county) (State) Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE Wm. J. Schulz — 24. FUNERAL DIRECTOR Brooks Funeral Service — ADDRESS Sparks, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

9526

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09522

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (In this place) 40 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3700 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3700 Oak Ave.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Lucius (Last) Price
4. DATE OF DEATH (Month) October (Day) 6 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH August 15, 1891
9. AGE last birthday 64 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Buffalo, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank S. Price
14. MOTHER'S MAIDEN NAME Louise Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 317-05-5045
17. INFORMANT AND ADDRESS Mrs. Louise Whitworth, 321 72nd St. Newport News Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

785.2

Immediate cause (a) Obstructive Jaundice — 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cause unknown. — 1 wk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none.
19b. MAJOR FINDINGS OF OPERATION none -
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none - m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples (Degree or title) Deputy Med. Exam. M. D. ADDRESS Reisterstown, Md DATE SIGNED 10-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF October 9, 1955
NAME OF CEMETERY OR CREMATORY Knoll Kreg
LOCATION (City, town, or county) (State) Abingdon, Virginia

DATE REC'D BY LOCAL REG. Oct 7, 1955
REGISTRAR'S SIGNATURE Dorothy A. Merrill
24. FUNERAL DIRECTOR Frank H. Merrill
ADDRESS Pikesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09523

MARYLAND

9527

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7407 Brightside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 7407 Brightside Avenue

3. NAME OF DECEASED (Type or Print): Mr. (First) William (Middle) Jackson (Last) Proffitt

4. DATE OF DEATH (Month) October (Day) 10th (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 1, 1893

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter - Prop. Sales Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tye River, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Thomas Jackson Proffitt

14. MOTHER'S MAIDEN NAME: Laura Litchford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY No.: 231-03-9707

17. INFORMANT AND ADDRESS: Mrs. Myrtle S. Proffitt, 7407 Brightside Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Chronic Rheumatic Heart Disease — Interval Between Onset and Death: 12 yrs +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11- 1943, to 10-10-1955, that I last saw the deceased alive on 10-10-1955, and that death occurred at 9.05 P m., from the causes and on the date stated above.

SIGNATURE: N. J. Davidow MD (Degree or title) 3218 Eastern ave (ADDRESS) Baltimore 24 Md (DATE SIGNED)

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Oct. 13 1955

NAME OF CEMETERY OR CREMATORY: Maryland Mem PK

LOCATION (City, town, or county) (State): Balto. 14

DATE REC'D BY LOCAL REG.: 10-11-55

REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Davidou
3218 Eastern Ave.
DI 2 3030

10-12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09524

9528

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Wayne Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrill 02X-2
STREET ADDRESS (If rural give location) St. Stephens Rd.

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) C, (Last) REDDIN
4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 7, 1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas M. Green
14. MOTHER'S MAIDEN NAME: Sarah A. Hooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. O. D. Howe - Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

IMMEDIATE CAUSE (A) Generalized Arteriosclerosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on 7 Oct 53, 19 55, and that death occurred at 2:05 P M, from the causes and on the date stated above.

SIGNATURE Joe M. Grath M.D. ADDRESS 1707 Edmondson Ave Cat M.D. 5 Villa 28 Md DATE SIGNED 8 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/10/55
NAME OF CEMETERY OR CREMATORY Green Mount Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR OCT 10 55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm J. Nelmes & Sons
ADDRESS Balto 17 Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9393 09525

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5378 Thomas ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass COUNTY 58 x 3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Springfield
STREET ADDRESS (If rural, give location) 16 Roosevelt ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J (Last) Reid Jr
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 9 1896
9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cable splicer
10b. KIND OF BUSINESS OR INDUSTRY: Telephones
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J Reid
14. MOTHER'S MAIDEN NAME: Mary Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Betty Reid 16 Roosevelt ave Springfield Mass

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Le McKieffer 1010 Leedstone M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED Oct 20, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Oct 20, 55
NAME OF CEMETERY OR CREMATORY Hillcrest Cem
LOCATION (City, town, or county) (State) Springfield Mass

DATE REC'D BY LOCAL REG. Oct 20 55
REGISTRAR'S SIGNATURE Le Kieffer
24. FUNERAL DIRECTOR Harry H Ritzke
ADDRESS 4101 Edmunds ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09526

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9394

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANSDOWNE 51
LENGTH OF STAY (in this place) 20Y 12S
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 FOURTH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE. 51
STREET ADDRESS (If rural give location) 301 FOURTH AVE.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) P. (Last) Reinhardt REINHARDT SR.

4. DATE OF DEATH: (Month) OCT. (Day) 4 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: DEC. 12, 1898

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POSTAL CLERK

10B. KIND OF BUSINESS OR INDUSTRY: RAILWAY EXPRESS.

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB H. REINHARDT

14. MOTHER'S MAIDEN NAME: MARY E. STRASSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. NONE.

17. INFORMANT & ADDRESS: EDITH M. REINHARDT 301 FOURTH AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	IMMEDIATE CAUSE	(A) Acute Coronary Occlusion	10 minutes
	ANTECEDENT CAUSE (S) DUE TO	(B) Essential Hypertension	10 yrs.
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Coronary Sclerosis	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Nov 1945

19B. MAJOR FINDINGS OF OPERATION: Bilateral Sympathectomy for Essential Hypertension

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1955, to Oct 4, 1955 that I last saw the deceased alive on Sept 6, 1955 and that death occurred at 10 20 P.M. from the causes and on the date stated above.

SIGNATURE Earl Pass, MD M. D. ADDRESS 4001 Wilkens Ave DATE SIGNED 10-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 10-7-55

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 10-7-55

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Joseph T. [illegible] Jr. ADDRESS: 1324 Dolphin St. Bal.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09527

9529

Item 12, Film G189 11-16-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 3mos. 15days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 19 X
STREET ADDRESS (If rural give location) 2111 Anna Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Reisinger

4. DATE OF DEATH: (Month) October (Day) 30, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-21-1883
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Powering
14. MOTHER'S MAIDEN NAME: Dorothy Toulke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

602X

IMMEDIATE CAUSE (A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pyonephrosis

DUE TO

(C) Nephrolithiasis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-, 1955, to 10-30-, 19 55 that I last saw the deceased alive on 10-30-, 19 55, and that death occurred at 6:05 P M, from the causes and on the date stated above.

SIGNATURE Stella Wachter M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 2, 1955
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City or town, or county) (State) Colgate, Md.

DATE REC'D BY LOCAL REGISTRAR 11/1/55
REGISTRAR'S SIGNATURE C. W. Hadrich
24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09528

9530 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 Acton Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural give location) 3203 Leaverton Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) RESCH

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 17, 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 12, 1871
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Wagon driver
10b. KIND OF BUSINESS OR INDUSTRY: Brewery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Resch
14. MOTHER'S MAIDEN NAME: Don't know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Rose Resch 3203 Leaverton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

199.9 Immediate cause (a) Carcinomatosis Abdominal-Site of origin undetermined - metastasis — 6 Mos ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) to liver - obstructive jaundice

DUE TO (c) Cachexia, malnutrition, + bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.55, to Oct 17, 19.55, that I last saw the deceased alive on Oct 15, 1955, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE Arnold W. Mintz (Degree or title) M.D. ADDRESS 3009 Evergreen Ave Balto 14 DATE SIGNED Oct 17 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 20, 1955 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) (State) Parkville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-18-55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ullrich Funeral Home 4210 Belair Road, ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09523

9531

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Anneslie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anneslie
STREET ADDRESS (If rural give location) 515 Murdock Rd.

3. NAME OF DECEASED: (Type or Print) (First) PAULINE (Middle) M. (Last) RICHARDSON

4. DATE OF DEATH: (Month) Oct. (Day) 12, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): diwowed
8. DATE OF BIRTH: Aug. 14, 1899
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis B. Eyler
14. MOTHER'S MAIDEN NAME: Mary S. Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Ethel E. Coster - 515 Murdock Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X

IMMEDIATE CAUSE (A) Terminal bronchopneumonia — 1 da.

DUE TO (B) Uremia — 1 wk.

DUE TO (C) Chr. pyelonephritis — 3 mon.

Recurrent carcinoma of rectum — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of rectum removed 5 yr. ago.

19A. DATE OF OPERATION: July 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum, removed.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950 to Oct. 12, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Robt. B. Wright M.D. M.D. ADDRESS Medical Arts Bldg. DATE SIGNED 10/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/15/55 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem. — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 10/14/55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. J. Richards & Sons — ADDRESS Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09530

9532

CERTIFICATE OF DEATH

Reg. Dist. No. 4V

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 1531 Lochwood Road

3. NAME OF DECEASED: (Type or Print) (First) ADOLPH (Middle) H. (Last) RIDER Jr.

4. DATE OF DEATH (Month) October (Day) 8 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 12-1-96
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Engineering Company
11. BIRTHPLACE (State or foreign country): New Orleans, Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph H. Rider, Sr.
14. MOTHER'S MAIDEN NAME: Edna Raiford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 216-07-5285
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X

IMMEDIATE CAUSE (A) RESPIRATORY FAILURE

ANTECEDENT CAUSE (S) DUE TO BRONCHOGENIC CARCINOMA — 2 MONTHS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.20, 1955 to Oct. 8, 1955, and that death occurred at 11:23PM, from the causes and on the date stated above.

SIGNATURE WINSTON C. DUDLEY, M. D. M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 10-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/11/55
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-10-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Henry W. Jenkins and Sons Col, Inc.
ADDRESS 4905 York Rd. at Rossiter Ave., Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9533

09531
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)
X TOWN Jones Creek (19) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7338 WALDMAN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore (Jones Creek) X
STREET ADDRESS (If rural, give location) 7338 Waldman Ave

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Charles (Last) Riffel

4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-2-55
9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days 27 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur T. Riffel
14. MOTHER'S MAIDEN NAME: Carrie V. Shriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: A.T. Riffel - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

7540
Immediate cause (a) Congenital Heart disease (probably tetralogy of Fallot) — 27 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jack O Callin M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 10-31-55
NAME OF CEMETERY OR CREMATORY Balto. National
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Oct. 31-55
REGISTRAR'S SIGNATURE Dawson L. Farley
24. FUNERAL DIRECTOR Walter Barber Bradley
ADDRESS Rudolph, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

TWO FOR ONE CERTIFICATE
FILM 6188 - 11/7/55 - Mnb.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09532

9534

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIDERWOOD
LENGTH OF STAY (in this place) Six days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SORENSON RUXWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
STREET ADDRESS (If rural give location) 2 BLINKER COURT

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) (Last) RIFFLE

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: FEB. 28, 1901
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): W. VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS MC CORD
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
199.1 IMMEDIATE CAUSE	(A) metastasis of Carcinoma.	day of death
ANTECEDENT CAUSE (S)	DUE TO (B) malignancy face and neck.	3 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) General Carcinomatosis.	1 year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: no operation.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. no accident
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? no injury.

22. I hereby certify that I attended the deceased from Oct 17, 1955, to Oct 22, 1955, that I last saw the deceased alive on Oct. 20, 1955, and that death occurred at 10.40 M. from the causes and on the date stated above.

SIGNATURE James Graham Marston M. D. ADDRESS 516 Cathedral St DATE SIGNED October 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Oct. 26, 1955
NAME OF CEMETERY OR CREMATORY Mary Chapel Cem.
LOCATION (City, town, or county) (State) Timonium, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 26, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns & Sons, ADDRESS Towson, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

9385

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 09533 No. 49

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 13 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave. West of North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 110 WILLIAMS AVE 53
STREET ADDRESS (If rural, give location) DUNDALK 22, md.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) LYNDON (Last) Robinson

4. DATE OF DEATH (Month) October (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: AUG. 8, 1932

9. AGE last birthday: 23 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): N. CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: HARRY R. ROBINSON

14. MOTHER'S MAIDEN NAME: BERTHA SHACKLEFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) -UNK-

16. SOCIAL SECURITY NO.: 237-52-6552

17. INFORMANT & ADDRESS: SAMUEL SPRY - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

823X

Immediate cause (a) Multiple Traumatic Injuries

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street

21c. (City or town) Baltimore (County) (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/14/55 2:35 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Speeding auto - out of control

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Green M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL, (Specify): BURIAL

DATE THEREOF 10-18-55

NAME OF CEMETERY OR CREMATORY UNKNOWN

LOCATION (City, town, or county) (State) AURORA, N.C.

DATE REC'D BY LOCAL REG. OCT 17 1955

REGISTRAR'S SIGNATURE Edith Dailey

24. FUNERAL DIRECTOR Walter Lewis Bradley

ADDRESS Hydes, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Former Residence 3603 Echodale Ave

MARYLAND STATE DEPARTMENT OF HEALTH

9535

2411 N. Charles Street, Baltimore

09534

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Item 9, Film C188 10-26-55 et

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY 3V01.4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Arbutus
STREET ADDRESS 3603 Echodale (If rural, give location) 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) M. (Last) Roemer

4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 1955

5. SEX F **6. COLOR OR RACE** W. **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) Widow **8. DATE OF BIRTH** Jan 1, 1877 **9. AGE** last birthday 78 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (State or foreign country) Balto Md **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME Wiegand C. Stoll **14. MOTHER'S MAIDEN NAME** Anna B. Graf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **(If yes, give war or dates of service)** **16. SOCIAL SECURITY NO.** **17. INFORMANT AND ADDRESS** Records Augsburg Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Cerebral Hemorrhage — 3 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — —

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURRED** While at Work ☐ Not While At work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 8/12, 1954, to 10/9, 1955, that I last saw the deceased alive on 10/6, 1955, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl L. Chambers	M.D.	4108 Liberty Hts	Balto - 7 - Oct

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 12 55	Oakwood Cem	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-11-55	C. W. Hedrick	Paul A. Neumann	6067 Harford Rd

EE

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09535

Item 14, Film G189 11-16-55 et

CERTIFICATE OF DEATH

Item 7. 9536 Film G209 Frame 6

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Old Court Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 3563 Fairfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Alvin (Last) Roppel

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married ~~Widowed~~
8. DATE OF BIRTH: 7-4-1903
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern owner
10B. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Ropple
14. MOTHER'S MAIDEN NAME: Elizabeth Fiddler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 52-055-2783
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

DUE TO

ANTECEDENT CAUSE (S) (B) Hyperfension — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19th, 1955, to Oct. 25th, 1955, that I last saw the deceased alive on Oct. 25th, 1955, and that death occurred at 9:35 P. M, from the causes and on the date stated above.

SIGNATURE James A. Miller M.D. ADDRESS Pikesville-8, Md. DATE SIGNED 10/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/28/55
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Md

DATE REC'D BY LOCAL REGISTRAR 10/27/55
REGISTRAR'S SIGNATURE Dorothy A. Merrill
24. FUNERAL DIRECTOR Frank H. Mauro
ADDRESS Pikesville Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09536

9537

Item 9: funeral director's correction 10-10-55L

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE SORENSEN NURSING HOME 7912 RUXWAY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY 3401-4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE CITY
STREET ADDRESS (If rural give location) 347 ILLCHESTER AVE.

3. NAME OF DECEASED: (Type or Print) (First) NATHAN (Middle) EDWARD (Last) RUTLEDGE

4. DATE OF DEATH: (Month) OCT. (Day) 2 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: FEB. 7, 1862
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months 8 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: MILLWRIGHT
10b. KIND OF BUSINESS OR INDUSTRY: WOOD MILL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM RUTLEDGE
14. MOTHER'S MAIDEN NAME: ELIZA SILK

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. VERNA RITZMAN 6804 HIGHVIEW AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Hypertrophy with failure — 10 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis. — 10 years
DUE TO
(c) General Arteriosclerosis — 10 years

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Umbilical Hernia. — 10 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: no operation.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) no (COUNTY) no (STATE) no.
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 9-14-, 1955, to 10-2-, 1955, that I last saw the deceased alive on 9-27, 1955, and that death occurred at 12.30 P.M. from the causes and on the date stated above.

SIGNATURE James Graham Marston (Degree or title) MD ADDRESS 516 Cathedral St. DATE SIGNED 10-4-1955

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF OCT. 5, 1955
NAME OF CEMETERY OR CREMATORY WEST LIBERTY CHURCH CEMETERY (METHODIST)
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 10-5-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Henry H. Jenkins & Co. ADDRESS 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

516 Cathedral St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09537

9538 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 28 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Irving Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 6 Irving Place

3. NAME OF DECEASED: (Type or Print) (First) PETER (Middle) A. (Last) SCHMEDES

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct, 1st. 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Schmedes
14. MOTHER'S MAIDEN NAME: Catherine Gotlben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO. 213-20-8743
17. INFORMANT & ADDRESS: Marie E. Schmedes, Wife, 6 Irving &

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — 30 mos.

DUE TO

ANTECEDENT CAUSE (S) (B) Coronary artery arterio-sclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arterio-sclerosis generalized — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Louis Dalmas M.D. ADDRESS Pikesville 8 Md DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/16/55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR October 17, 1955
REGISTRAR'S SIGNATURE Dorothy A. Newell
24. FUNERAL DIRECTOR Frank H. Newell
ADDRESS Pikesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09538

MARYLAND 9539

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3015 Woodside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 3015 Woodside Avenue

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Bertha May (Last) Schrufer

4. DATE OF DEATH (Month) Oct. (Day) 2nd (Year) 1955

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 4/1/1889 | 9. AGE last birthday 66 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Crosby

14. MOTHER'S MAIDEN NAME Emma Schauermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Louis Schrufer, 3015 Woodside Avenue #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

4438

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. Disease (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to Oct. 2, 1955, that I last saw the deceased alive on 10/1, 1955, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE Nathan Janney MD (Degree or title) ADDRESS 7101 Harford Rd. Balto. Md. DATE SIGNED 10/3/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 10/5/1955 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/5/55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Leonard J. Ruck | ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Janney
7101 Harford Road
9 and 10

Please call us when Ready HA 6 1460

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09539

9540

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-VILLANOVA

LENGTH OF STAY (in this place) 4 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS KATHERINE ROBB NURSING HOME 405 ESSEX Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~BALTO.~~

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01.4

STREET ADDRESS (If rural give location) 922 WILDWOOD PARKWAY

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) (Last) SEVIER

4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Unk.Abt. 1866

9. AGE last birthday: Abt.89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert O. Elliott

14. MOTHER'S MAIDEN NAME: Mary E. Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: C.Maurice Weidmeyer, Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442 X (A) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Hypertension C.V. RENAL DISEASE-Arteriosclerosis — 18 YEARS.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955 to Oct. 17, 1955, that I last saw the deceased alive on Oct. 17, 1955, and that death occurred at 11:45 P.M, from the causes and on the date stated above.

SIGNATURE Edwin G Purpert M. D. ADDRESS 8204 LIBERTY Rd BALTO. 7, MD. DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct.20,1955

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR 10-19-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Willis Lamotte

ADDRESS 4510 Liberty Hghts. Avenue

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

09540

MARYLAND

9541

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Whitemarsh
LENGTH OF STAY (In this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Red Lion Road Box* 1009

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Whitemarsh
STREET ADDRESS (If rural, give location) Red Lion Road Box 1009

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Green (Last) Sheppard

4. DATE OF DEATH (Month) Oct. (Day) 27, (Year) 1955

5. SEX M

6. COLOR OR RACE W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) ~~[illegible]~~

8. DATE OF BIRTH Nov. 27, 1861

9. AGE last birthday 93 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store - Retired

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown Sheppard

14. MOTHER'S MAIDEN NAME Martha - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Mrs. Flora Edna Dolan Bel Air Md Route 3 Box 44

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchial Pneumonia — 1 wk

(c) Arteriosclerotic cardio-vascular disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Oct 27, 1955, that I last saw the deceased alive on Oct 27, 1955, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE J M Baumgardner (Degree or title) M.D. ADDRESS Baltimore DATE SIGNED 10/27/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Oct 30/55 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) Fountain Green Harford (State) Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

State Dept of Health
2411 N Charles St

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09541

9542

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Whitemarsh — LENGTH OF STAY (in this place): 20 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1017 Red Lion Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Whitemarsh

STREET ADDRESS (If rural give location): 1017 Red Lion Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) F. (Last) Simpson

4. DATE OF DEATH (Month) (Day) (Year): 10-25-1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1886

9. AGE last birthday: 69 yrs.

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman-Retired

10b. KIND OF BUSINESS OR INDUSTRY: Distillery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Richard Simpson

14. MOTHER'S MAIDEN NAME: Sarah McMahon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-4880A

17. INFORMANT & ADDRESS: Frieda R. Simpson-1017 Red Lion Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Arteriosclerosis Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1950, to Oct. 25, 1955, that I last saw the deceased alive on Oct. 25, 1955, and that death occurred at 3:00 P.M. from the causes and on the date stated above.

SIGNATURE: James F. White M.D. — ADDRESS (Street, city, town, state): 422 Eastern Ave Baltimore 21, Md. — DATE SIGNED: 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-29-55 — NAME OF CEMETERY OR CREMATORY: St. Michael's — LOCATION (City, town, or county) (State): Perry Hall, Md.

24. REC'D BY REGISTRAR — DATE: OCT 31 1955 — REGISTRAR'S SIGNATURE: Dr. Walter Hammett

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Lassahn Funeral Home - 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09542 3

9543

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2919 E. Federal Street 3V01-4
STREET ADDRESS (If rural give location) Baltimore, Maryland ✓

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Joseph (Last) Sinclair

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 6/14/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Sinclair
14. MOTHER'S MAIDEN NAME: Helen Constance Mallon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO. --
17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751 X

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, Bilateral	2 days
DUE TO		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Acute Bronchitis	3 days
DUE TO		
	(C) Hydrocephalic, meningocele (Arnold Chiari Syndrome)	birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 19 55 to 10/19/, 19 55 that I last saw the deceased alive on 10/19/, 19 55, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Harry B. Butler M.D. ADDRESS Owings Mills, Md DATE SIGNED 19 Oct. '55
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 10-20-55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1955
REGISTRAR'S SIGNATURE Mary Elise
24. FUNERAL DIRECTOR Walter Burke Bradley
ADDRESS Hunbeck, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

2065181404

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 9,22 Film G188 11-4-55 et

09543

CERTIFICATE OF DEATH

9544

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard

LENGTH OF STAY (In this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 1036 W. Saratoga St.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) A. (Last) SMITH

4. DATE OF DEATH (Month) October (Day) 21 (Year) 19 55

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7-10-96

9. AGE last birthday (59) 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Smith

14. MOTHER'S MAIDEN NAME Lucy Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-14-5076

17. INFORMANT & ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

521 X IMMEDIATE CAUSE (A) ASPHYXIA — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

DUE TO

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ASPIRATION OF BLOOD — SUDDEN

DUE TO

(C) HEMORRHAGE FROM LUNG ABSCESS RIGHT LOWER LOBE — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from October 18, 19 55, to October 22 21, 19 55, ~~[illegible]~~ and that death occurred at 9:30PM, from the causes and on the date stated above.

SIGNATURE William B. VandeGrift M.D. ADDRESS (Street, city, town, state) VAH Ft.Howard,Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/26/55

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

24. REC'D BY REGISTRAR DATE Oct. 28, 1955

REGISTRAR'S SIGNATURE Dawson L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Katie Williams

ADDRESS Mrs. Katie Williams 322 N. Schroeder St. Balto. Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09545

9545

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (In this place) 31 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural give location) 1921 N. Payson Street

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) (NMI) (Last) SMITH

4. DATE OF DEATH (Month) October (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-23-89

9. AGE last birthday: 66 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Smith

14. MOTHER'S MAIDEN NAME: Catherine Barber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) CARCINOMA OF TAIL OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 10-7-55

19b. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work [ ] Not while at work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 19 55, to October 22 1955, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 3:35 A.M., from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift M.D. ADDRESS (Street, city, town, state): VAH, Ft. Howard, Md DATE SIGNED: 10/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/26/55

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

24. REC'D BY REGISTRAR DATE Oct. 24, 1955

REGISTRAR'S SIGNATURE: Lawson L. Farberg

25. FUNERAL DIRECTOR'S SIGNATURE: Mrs Edward Ringgold

ADDRESS: ~~Mrs Edward Ringgold Funeral Home~~ 1463 N. Carey St., Balto. Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09546

9546

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH

COUNTY Balto. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE-CAT. 52

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rienhard Nursing Home. 90

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE

STREET ADDRESS (If rural give location) 306 Ingleside Ave.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) S. (Last) Smith

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 19 55

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 11-27-1892

9. AGE last birthday 62 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY Steel Mills

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas B. Smith

14. MOTHER'S MAIDEN NAME Sallie E. Englar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 278-07-7529A

17. INFORMANT & ADDRESS Mrs. John A. Mason 306 Ingleside Ave (28)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ASCVD — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Marked obesity — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 19 55, to Oct 27, 19 55, that I last saw the deceased alive on Oct 26, 19 55, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE Stephen Lee Magness M.D. ADDRESS (Street, city, town, state) 908 Frederick Rd Catonsville Md DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/29/55

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Balto. Md.

24. REC'D BY REGISTRAR OCT 31 1955 DATE

REGISTRAR'S SIGNATURE Victor E. Harry

25. FUNERAL DIRECTOR'S SIGNATURE G. Truman Schwab

ADDRESS 3512 Frd. (29) Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9547

09547

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 FUSTING AVENUE House of the Piper

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf
STREET ADDRESS (If rural give location) 08X.2

3. NAME OF DECEASED (Type or Print) (First) BENJAMIN (Middle) (Last) SNESIL

4. DATE OF DEATH (Month) OCT. (Day) 16 (Year) 1955

5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH July 10, 1883 | 9. AGE last birthday 72 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Snesil
14. MOTHER'S MAIDEN NAME Devora ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Esther Rosenstein Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Arteria Sclerotic Cardio Vascular Dis. — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Biliary Cirrhosis — 6 months.

(c) Diabetes Mellitus — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to Oct. 16, 1955, that I last saw the deceased alive on Oct. 16, 1955, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

SIGNATURE Samuel E. Gozonof (Degree or title) Tech. ADDRESS 1905 W. Baltimore St. Balto. 23 Md DATE SIGNED 10/16/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 18/55 | NAME OF CEMETERY OR CREMATORY Hebrew Friendship | LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 10-25-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Sol Levinson & Bros. Inc. | ADDRESS 1124-26 N. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09548

9548

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Baltimore
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8812 Old Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 8812 Old Harford Rd.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Snidemiller

4. DATE OF DEATH: (Month) (Day) (Year) October 1 1955

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 10, 1875
9. AGE last birthday 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Barker
14. MOTHER'S MAIDEN NAME: Emily Place

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Austin E. Richards - 8812 Old Harford Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Ca of large intestine — INTERVAL BETWEEN ONSET AND DEATH 6 mos of living

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jul, 1955, to 1 Oct, 1955, that I last saw the deceased alive on 30 Sept, 1955, and that death occurred at 3 A. M. from the causes and on the date stated above.

SIGNATURE Samuel Wilpen M.D. ADDRESS 7911 E. Cold Spring Lane DATE SIGNED 1 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-4-55
NAME OF CEMETERY OR CREMATORY Huntington Cem.
LOCATION (City, town, or county) (State) West Virginia

DATE REC'D BY LOCAL REGISTRAR October 1st 1955
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Wm Cross Inc
ADDRESS 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9549

Items 18-22 Film Clip 11-16-55 KMS

09551

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Owings Mills
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural, give location) 109 S. Ann Street

3. NAME OF DECEASED: (Type or Print) (First) Adam (Middle) (Last) Sobus

4. DATE OF DEATH (Month) 10 (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7/31/09

9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Sobus

14. MOTHER'S MAIDEN NAME: Anna Szafarz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna Sobus 15 S.Castle Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

578X

Immediate cause (a) Peritonitis due to perforation of

DUE TO ulcer in terminal ileum

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Mehrn M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/27/55

NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery

LOCATION (City, town, or county) (State) 1300 Dundalk Ave-Balto, Md

DATE REC'D BY LOCAL REG. 11-26-55

REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR George G. Weber

ADDRESS 705 S. Ann St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09552

9559

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

Item 12 FilmG187 10-14-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Court House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY 3401-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 850 Hillman Court

3. NAME OF DECEASED (Type or Print) (First) John (Middle) A. (Last) Soderland

4. DATE OF DEATH (Month) October (Day) 7 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Nov 4-1883

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired. WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-01-1712

17. INFORMANT AND ADDRESS Mrs Stella M. Soderlund

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles F. O'Donnell (Degree or title) MD ADDRESS 7501 York Rd Towson DATE SIGNED 10/7/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10/10/55 — NAME OF CEMETERY OR CREMATORY Baltimore Cem. — LOCATION (City, town, or county) (State) BALTO Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Leonard Luck — ADDRESS 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09549

9551

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Randallstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Briarstone Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown X
STREET ADDRESS (If rural give location) Briarstone Rd. /

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Thomas (Last) Sorrell

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 26, 1864
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor and Builder
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Sorrell
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mary Viola Smith - Briarstone Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Chronic nephritis - c Uremia - — INTERVAL BETWEEN ONSET AND DEATH: 3 MOS

DUE TO

ANTECEDENT CAUSE (S) (B) Hypertensive C.V. disease c

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) renal insufficiency - — 5 YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1951, to Oct 27th, 1955, that I last saw the deceased alive on Oct 27, 1955, and that death occurred at 1:30 M, from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler M.D. ADDRESS 3601 Clifton Blvd - Balto 7 DATE SIGNED 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 2, 1955
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 11/1/55
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS Ellsworth Armacost - 4600 Liberty Hghts. Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

09553

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9552

Reg. Dist. No. 41

1. PLACE OF DEATH: Ivy Hall

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall, 19 Harrison Street Baltimore 20, Maryland 90

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Page

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray 83X-3

STREET ADDRESS (If rural, give location) R.F.D. 4

3. NAME OF DECEASED: (Type or Print) (First) Lorah (Middle) (Last) Sours

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 8, 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 0 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Judd

14. MOTHER'S MAIDEN NAME: Mary A. Judd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Clifford Ellis - Raspeburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Secondary (metastatic) carcinoma of liver — four weeks ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of colon — four weeks ?

DUE TO

(c)

(260 X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — six years

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1955, to October 12, 1955, that I last saw the deceased alive on Oct. 11, 1955, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE Barney L. Fuller (DEGREE OR TITLE) M.D. ADDRESS Ridge Road Baltimore 6, Md. DATE SIGNED October 12, 195

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct. 15, 1955

NAME OF CEMETERY OR CREMATORY Family Cemetery

LOCATION (City, town, or county) Luray, (State) Virginia

DATE REC'D BY LOCAL REG. 10-26-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Bradley Funeral Home

ADDRESS Luray Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

9395 — 2411 N. Charles Street, Baltimore — 09554

CERTIFICATE OF DEATH

Reg. Dist. No. 42

Item 9, Film 187 10-19-55 et

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rebutus — LENGTH OF STAY (In this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5100 Rebutus Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rebutus — 51
STREET ADDRESS (If rural give location) 5100 Rebutus Ave

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) E. (Last) SPALT
4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 = 55 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 18. 1889
9. AGE last birthday 66 64 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY House-Painter
11. BIRTHPLACE (State or foreign country) Baltimore-Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Spalt
14. MOTHER'S MAIDEN NAME Laura Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-12-3796-A
17. INFORMANT Bessie S. Spalt-5100 Rebutus Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

H 20.1

Immediate cause (a) MYOCARDIAL INFARCTION — 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 oct, 1955, to 11 oct, 1955, that I last saw the deceased alive on 11 oct, 1955, and that death occurred at 6 20 A m., from the causes and on the date stated above.

SIGNATURE George E. Graham — (Degree or title) MD — ADDRESS Elbridge 27, Md — DATE SIGNED 12 oct 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 14. 55 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem — LOCATION (City, town, or county) (State) Baltimore-Md.
DATE REC'D BY LOCAL REG. 10/13/55 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR O. H. Wippert — ADDRESS 1300 Eutaw Place

17.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5204 - Benson - Ave.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9553

09555

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
STREET ADDRESS (If rural, give location): Glenarm Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister Mary Rodriguez Speiser

4. DATE OF DEATH (Month) (Day) (Year): October 14 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 2, 1882

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Adam Speiser

14. MOTHER'S MAIDEN NAME: Theresa Hofzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clara Villa Maria Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion sudden — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE / INJURY (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1950, to Oct. 14, 1955, that I last saw the deceased alive on Oct. 13, 1955, and that death occurred at 12.55 P.m., from the causes and on the date stated above.

SIGNATURE: Charles F. O'Donnell M.D. — (Degree or title) — ADDRESS: 7501 York Rd. — DATE SIGNED: 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10-17-55 — NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM. — LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON, MD.

DATE REC'D BY LOCAL REG.: October 15 1955 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Charles S. Zeller — ADDRESS: 901 S. CONKLINE ST. BALTO., 24, MD.

9554

09556

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION STREET ADDRESS In Mill assorting room.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto # 5 3V01.4
STREET ADDRESS (If rural, give location) 1428 E. Madison St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Spriggs

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Oct 6, 1910

9. AGE last birthday: 45

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor.

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Matthew Diggs

14. MOTHER'S MAIDEN NAME: Katie Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Theresa Spriggs same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) Oct (Day) 7 (Year) 1955 (Hour) 6 A.M.

21e. INJURY OCCURRED While at work ☑ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE N. McCarmine M.D. M. D.

~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☑
~~ASSISTANT MEDICAL EXAM.~~ ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-10-55

NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.

LOCATION (City, town or county) Brooklyn Md (State)

DATE REC'D BY LOCAL REG. 10-10-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Elroy O. Wilson

ADDRESS 2004 Orleans St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

9555

09550

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 31

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Balto 7
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6309 Winsor Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto 7 X
STREET ADDRESS (If rural, give location) 6309 Winsor Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) MACK (Last) SPROUSE

4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 19, 1894

9. AGE last birthday: 60 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Charlottesville, Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ruben S. Sprouse

14. MOTHER'S MAIDEN NAME: Georgia Marsh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs Dorthea E. Marble (Same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
976 X Immediate cause	(a) Shot thru head c̄ pistol	1 hr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Depressed over Court Summons	4 days.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home.

21c. (City or town) 6309 Windsor Mill (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) Oct (Day) 24 (Year) 55 (Hour) 9:20 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot himself.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caplis M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 26, 1955

NAME OF CEMETERY OR CREMATORY Baltimore National Cem

LOCATION (City, town, or county) Balto (State) Maryland

DATE REC'D BY LOCAL REG. 10/24/55

REGISTRAR'S SIGNATURE A. W. Heldrich

24. FUNERAL DIRECTOR Ellsworth Comacost

ADDRESS 4600 Liberty Heights Avenue

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09557

9556

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkton
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Pleasant (Middle) A. (Last) Stiffler.

4. DATE OF DEATH (Month) October (Day) 17, (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 15 1874.

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Mail

11. BIRTHPLACE (State or foreign country): Parkton, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Stiffler.

14. MOTHER'S MAIDEN NAME: Sarah Baublitz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Ella Stiffler, Parkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

IMMEDIATE CAUSE (A) Carcinoma of the Colon

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1954, to Oct. 17, 1955, that I last saw the deceased alive on Oct. 17, 1955, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE A. M. France M. D. ADDRESS Parkton Md. DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial. DATE THEREOF Oct. 20/1955 NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery LOCATION (City, town, or county) Parkton, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/20/55 REGISTRAR'S SIGNATURE Chester T. Freelon

24. FUNERAL DIRECTOR Jacob Hartenstein ADDRESS New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9557

09558

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 7, filing 10-19-55 et

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Police Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS (If rural, give location) Ruhl Rd.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Henry (Last) Stiffler.

4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 8 1897

9. AGE last birthday: 57 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Mechanic.

10b. KIND OF BUSINESS OR INDUSTRY: Quarry.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Stiffler.

14. MOTHER'S MAIDEN NAME: Susan Ruhl.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 204-05-2909

17. INFORMANT & ADDRESS: Gladys Stiffler - Glen Rock, Pa. R.D.3.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

974.X

Immediate cause (a) Asphyxiation, strangulation by hanging

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. History of chronic alcoholism — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE Rollin C. Hudson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial.

DATE THEREOF October 8 1955.

NAME OF CEMETERY OR CREMATORY Stiltz Cemetery

LOCATION (City, town, or county) (State) Glen Rock Pa. R.D.3.

DATE REC'D BY LOCAL REG. 10/8/55

REGISTRAR'S SIGNATURE Chester L. Benton

24. FUNERAL DIRECTOR J. Jacob Hartenstein

ADDRESS New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09559

9558

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Freeland
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland.
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) E. (Last) Sutton.

4. DATE OF DEATH: (Month) (Day) (Year) October 19, 1955.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 11, 1879
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jefferson Sutton.
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Cooper.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Kenneth Sutton, Freeland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis — 20 yrs.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) none

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1951, to Oct., 1955, that I last saw the deceased alive on 10-6, 1955, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE Louis Schatanoff M.D. ADDRESS New Freedom, Pa DATE SIGNED 10/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 22 1955
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Freeland, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/20/55
REGISTRAR'S SIGNATURE: Chester T. Fenton
24. FUNERAL DIRECTOR: J. Jacob Bartenstein
ADDRESS: New Freedom, Pa

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09560

9559

CERTIFICATE OF DEATH

Item 12 Film G188 10-28-55 et

Reg. Dist. No. 44

1. PLACE OF DEATH:

COUNTY BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X LYNCH POINT

LENGTH OF STAY (in this place): 50 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 3206 GRACE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LYNCH POINT X

STREET ADDRESS (If rural give location): 3206 GRACE ROAD

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BOKA (Last) SZALAI

4. DATE OF DEATH: (Month) OCT (Day) 20 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB 13, 1879

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HUNGARY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH BOKA

14. MOTHER'S MAIDEN NAME: DONT KNOW

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MRS. MARY YOWELL 3206 GRACE RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

175X

Immediate cause (a) Enterocutic fistula — 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ovarian Carcinoma — at least 1 year.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to October 20, 1955, that I last saw the deceased alive on October 18, 1955, and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE: David Owens (Degree or title) M.D. ADDRESS: 914 D Street Balto. 19 DATE SIGNED: 10/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: OCT 22, 1955

NAME OF CEMETERY OR CREMATORY: BELAIR MEMO.

LOCATION (City, town, or county) (State): BELAIR MD

DATE REC'D BY LOCAL REGISTRAR: 10/21/55

REGISTRAR'S SIGNATURE: Alice Hetrick

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME

ADDRESS: 2112 DUNDALK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09561

9560

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glyndon
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 11 Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon X
STREET ADDRESS (If rural give location) 11 Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Alexander (Last) Talbert

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: February 5 1872
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farm manager
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Fletcher Talbert
14. MOTHER'S MAIDEN NAME: Martha M Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Florence Talbert Glyndon Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Cardiac Decompensation — 3 wks.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardio Vascular Disease — 3 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
21C. WHERE DID INJURY OCCUR? (City or town) none (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒ none
21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan. 13, 1950 to Oct. 23 1955, that I last saw the deceased alive on Oct. 22, 1955 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE D. D. Coyle M. D. ADDRESS Reisterstown, Md. DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 25 1955 — NAME OF CEMETERY OR CREMATORY St Thomas Cemetery — LOCATION (City, town, or county) Owings Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-24-55 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9386

09562 Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 53
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7507 LAWRENCE Rd 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) 53
STREET ADDRESS (If rural give location) 7507 LAWRENCE Rd

3. NAME OF DECEASED: (Type or Print) (First) HARLEN (Middle) ARLINGTON (Last) TAULTON

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 25, 1905

9. AGE last birthday: 50 yrs.

IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): STAMPER

10b. KIND OF BUSINESS OR INDUSTRY: SOAP MFGR.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK A. TAULTON

14. MOTHER'S MAIDEN NAME: FANNY WEBERI

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) →

16. SOCIAL SECURITY NO.: 288-07-7678

17. INFORMANT & ADDRESS: HELEN N. TAULTON - SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) CORONARY THROMBOSIS	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) ARTERIOSCLEROTIC C.V. DISEASE	1 YR.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1955, to Oct 21, 1955, that I last saw the deceased alive on Oct 18, 1955, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

SIGNATURE Stephen C. Drochmich (Degree or title) M.D. ADDRESS 6714 Holabird Ave DATE SIGNED 10/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 10-24-55 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) BALTO. CO. (State) MD

DATE REC'D BY LOCAL REGISTRAR Oct 23-1955 — REGISTRAR'S SIGNATURE William M Kelly

24. FUNERAL DIRECTOR Little Brooke Bradley, Dundalk, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09563

9561

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 1618 W. Fayette Street

3. NAME OF DECEASED (Type or Print) (First) LESTER (Middle) (Last) TERRY

4. DATE OF DEATH (Month) October (Day) 24 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11/28/22
9. AGE last birthday: 32 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vance County North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Terry
14. MOTHER'S MAIDEN NAME: Flora Eaton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: VA Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 IMMEDIATE CAUSE (A) LAENNEC'S CIRRHOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MALNUTRITION, SEVERE — UNKNOWN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 13, 1955, to October 24 19 55, that I last saw the deceased alive on ..... and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE F G Dickey MD
ADDRESS (Street, city, town, state) Francis G. Dickey, M.D., Chief, Medical Service VAH, FORT HOWARD, MARYLAND
DATE SIGNED 10-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 10/28/55
NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
LOCATION (City, town, or county) (State): Vance County, N. Carolina

24. REC'D BY REGISTRAR DATE Oct 26-55
REGISTRAR'S SIGNATURE Dawson E. Trasbe
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Charles R. Law
ADDRESS Mortuary, 802-04 Madison Ave., Baltimore 1, Md.

Shipped to: Garnes & Williams, Henderson, N. Carolina

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9562

CERTIFICATE OF DEATH

09564

Reg. Dist. No. 39

1. PLACE OF DEATH

COUNTY Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Monkton

LENGTH OF STAY (in this place): 74yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Corbett Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Balto

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Phoenix

STREET ADDRESS (If rural give location): Carroll Rd. X 1

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Garfield (Last) Thomas

4. DATE OF DEATH (Month) October (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 11 Sept. 1894

9. AGE last birthday: 61 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rayville, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Henrietta Bosley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-34-1454

17. INFORMANT & ADDRESS: Ethel Lillian Thomas, Phoenix, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

DUE TO (B) Coronary arteriosclerosis — over 7 years

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, to Oct 1955, that I last saw the deceased alive on 17 Oct, 1955, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE Walter T. Lees M.D. ADDRESS (Street, city, town, state) Cockeysville Md DATE SIGNED 22 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10-25-55

NAME OF CEMETERY OR CREMATORY: St. Lukes Methodist

LOCATION (City, town, or county) (State): Hereford, Balto. Co. Md.

24. REC'D BY REGISTRAR DATE Oct 22, 1955

REGISTRAR'S SIGNATURE: M. Elizabeth Gorsuch

25. FUNERAL DIRECTOR'S SIGNATURE: J. Scott Dobbs

ADDRESS: Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09565

9396

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1906 North Gaston Avenue Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Junction
STREET ADDRESS (If rural give location) R.F.D. 13X-2

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) S (Last) JIMMONS

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct 31 1870
9. AGE last birthday 84 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger
10B. KIND OF BUSINESS OR INDUSTRY: Wash. in Government
10C. BIRTHPLACE (State or foreign country): Born at Sea
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Maria B. Keagin Annapolis Jct. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiorenal failure — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

442X

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis, Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Edema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24 1955, to October 11 1955, that I last saw the deceased alive on Oct. 10, 1955, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE Thos. Woodrow M. D. ADDRESS R4 Box 21 Elkridge Md. DATE SIGNED 27

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 14 1955 — NAME OF CEMETERY OR CREMATORY St. Laurence — LOCATION (City, town, or county) (State) Jessup Md

DATE REC'D BY LOCAL REGISTRAR OCT 14 53 — REGISTRAR'S SIGNATURE L. Ruffin

24. FUNERAL DIRECTOR Ridgley Selby — ADDRESS 401 Wash Ave Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09566

MARYLAND 9563

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1103 HARWALL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 1103 HARWALL RD.

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) LESTER (Last) TOPPER
4. DATE OF DEATH (Month) OCT. (Day) 17 (Year) 1955
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3-23-1894
9. AGE last birthday 61 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE MANAGER
10b. KIND OF BUSINESS OR INDUSTRY A.&P.
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JACOB TOPPER
14. MOTHER'S MAIDEN NAME ADALAIDE WAGERMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. J. Lester Topper - 1103 Harwall Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X
Immediate cause (a) Inoperable Carcinoma of Stomach. — 9 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) Insidious

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to 10/17, 1955, that I last saw the deceased alive on 10/14/55, 19..., and that death occurred at 8:35 A.m., from the causes and on the date stated above.

SIGNATURE F. Ford Lober, M.D. (Degree or title) ADDRESS 1120 St. Paul St. DATE SIGNED 10/14/55 (10/17)

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 10-20-55 — NAME OF CEMETERY OR CREMATORY Cathedral Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 10/19/55 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Farley Funeral Home — ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09567

9564 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52 — LENGTH OF STAY (in this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park.
STREET ADDRESS (If rural give location) 021-2

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) A (Last) VINTON
4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1870
9. AGE last birthday 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY: Publisher
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Vinton
14. MOTHER'S MAIDEN NAME: Rebecca Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-18-1794
17. INFORMANT & ADDRESS: Mrs. Emma E. Vinton - Severna Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) Generalized Arteriosclerosis

DUE TO (B) Debilitation by Malnutrition

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Renal Failure.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20/ 19 55, to 10/4 19 55, that I last saw the deceased alive on 10/4 19 55, and that death occurred at 8 30 A. M, from the causes and on the date stated above.

SIGNATURE SPRING GROVE HOSPITAL H. Cowen M.D. ADDRESS DATE SIGNED 10/4/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/7/55 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10-6-55 — REGISTRAR'S SIGNATURE R. C. Hedrick — 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, FilmG188 11-4-55 et

9565

CERTIFICATE OF DEATH

09568

Reg. Dist. No. 38

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Parkton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Lutheran Motherhouse 1100 Boyce Ave.

2. USUAL RESIDENCE (HOME) OF DEACESED:

STATE Pennsylvania COUNTY Franklin

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Steelton 75X-3

STREET ADDRESS (If rural give location) 132 Lincoln Street

3. NAME OF DECEASED: (Type or Print) (First) CAROLINE (Middle) C. (Last) WAGENBACH

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 24, 1886

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Steelton, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earnest S. Wagenbach

14. MOTHER'S MAIDEN NAME: Henrietta ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Sister Martha 1100 Boyce Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

443X

Immediate cause (a) Hypertensive - cardio - vascular

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) disease.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, to 10-27, 1955, that I last saw the deceased alive on 10-26, 1955, and that death occurred at 7:05 AM, from the causes and on the date stated above.

SIGNATURE A. L. Lundy (Degree or title) M.D. ADDRESS 36 York Court - Balto. 18, Md. DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 1, 1955

NAME OF CEMETERY OR CREMATORY ~~Steelton~~ Steelton Pa

LOCATION (City, town, or county) Steelton (State) Pa

DATE REC'D BY LOCAL REGISTRAR 10-27-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR. F. B. Wippert ADDRESS 1300 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09569

9566

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Glen Rock
LENGTH OF STAY (in this place) 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stiltz.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Glen Rock.
STREET ADDRESS (If rural give location) Stiltz.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) H. (Last) Walker.

4. DATE OF DEATH: (Month) October (Day) 22, (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 17, 1882

9. AGE last birthday 72 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Glen Rock Pa. R.D.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Walker.

14. MOTHER'S MAIDEN NAME: Susan Nace.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Cora Walker, Glen Rock, Pa. R.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Myocarditis

DUE TO

ANTECEDENT CAUSE (S) (B) Coronary Thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 8 mo. immediate death

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1955, to Oct 22, 1955, that I last saw the deceased alive on Oct. 18, 1955, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE O. W. Summit M. D. ADDRESS Cockeysville, Md. DATE SIGNED Oct. 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF Oct. 25 1955.

NAME OF CEMETERY OR CREMATORY Stiltz Cemetery

LOCATION (City, town, or county) (State) Glen Rock, Pa. R.D. 3.

DATE REC'D BY LOCAL REGISTRAR 10/25/55

REGISTRAR'S SIGNATURE Charles L. Feudong

24. FUNERAL DIRECTOR J. Jacob Karlenstein

ADDRESS New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9567

09571

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY a.a
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Linthicum Hts 02X-2
STREET ADDRESS (If rural, give location) 206 E Maple Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) O'Neill (Last) Webster Sr.
4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-14-1883
9. AGE last birthday: 72 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): accountant Ins. Agent
10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unk. David P. Webster
14. MOTHER'S MAIDEN NAME: Unk. Martha Washington Shores
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Sophia Webster - Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

936.7

Immediate cause (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Decumitus gangrene — 2 months

DUE TO

(c) Fracture left hip — less than 3 months

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardiovascular disease — years

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Hosp Ward
21c. (City or town) Catonsville (County) Baltimore (State) Md.
21d. TIME OF INJURY (Month) July (Day) 29 (Year) 1955 (Hour) 5-30 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Another patient pushed him causing him to fall to floor

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo S. M. Kieffer 1010 Leeds Ave
George S. M. Kieffer, M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10.26.55
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Ellicott City.
DATE REC'D BY LOCAL REG. 10/24/55
REGISTRAR'S SIGNATURE U. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tietjens & Sons
ADDRESS Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09572

9568

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort Howard

LENGTH OF STAY (in this place): 4 Hrs.40 M.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore — 3Y01-4

STREET ADDRESS (If rural give location): 1800 Barclay Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) F. (Last) WELSH

4. DATE OF DEATH (Month) October (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-2-94

9. AGE last birthday: 61 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Welsh

14. MOTHER'S MAIDEN NAME: Mary McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 214-18-7976

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0 IMMEDIATE CAUSE (A) DUODENAL ULCER WITH HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 24 HOURS

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28 5:30 PM, 1955, to Oct. 28 10:10 PM, 1955, that I last saw the deceased alive on ~~July 19, 19~~ and that death occurred at 10:10 PM from the causes and on the date stated above.

SIGNATURE: Arthur G. Edwards M.D. — ADDRESS (Street, city, town, state): VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 10-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11/1/55 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

24. REC'D BY REGISTRAR — DATE: OCT 31 1955 — REGISTRAR'S SIGNATURE: Dawson L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE: Joseph Forace — ADDRESS: Joseph Forace, Inc. 712-14 E. North Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09573

9569

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Dulaney Court Apt's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 912 Dulaney Court Apt's

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary G. Welsh

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 22, 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Oct. 27, 1885
9. AGE last birthday 69 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Belfast Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hamilton
14. MOTHER'S MAIDEN NAME: Catherine Gunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Rob't F. Strangmann 7101 Bristol Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary artery occlusion — Uncertain

DUE TO

ANTECEDENT CAUSE (B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 18, 1955, to OCT 22, 1955, that I last saw the deceased alive on SEPT 21, 1955, and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE Thaddeus C. Sawinski M. D. ADDRESS 17 W. PENNA. AVE DATE SIGNED OCT 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 23 1955
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/24/55
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: William J. Lukens + Sons
ADDRESS: North + Penna Aves

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9570 **CERTIFICATE OF DEATH** Reg. Dist. No. 09574

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1902 Tolson Avenue

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) E. (Last) WENKER
4. DATE OF DEATH: (Month) October (Day) 9, (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7/10/02
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10B. KIND OF BUSINESS OR INDUSTRY: Store
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Wenker
14. MOTHER'S MAIDEN NAME: Fredericka Stegman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. 705-10-4154
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X

IMMEDIATE CAUSE (A) CARCINOMA OF RECTUM — 2 YEARS

DUE TO

ANTECEDENT CAUSE (S) (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2-55 (after)
19B. MAJOR FINDINGS OF OPERATION: Abdomino-perineal resection with colostomy at Baltimore City Hospital Baltimore, Md.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1955, to Oct 9, 1955, and that death occurred at 1:35PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 12, 1955 — NAME OF CEMETERY OR CREMATORY Saint Stanislaus Cemetery — LOCATION (City, town, or county) (State) Baltimore (Dundalk), Md.

DATE REC'D BY LOCAL REGISTRAR 10-11-55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm.Cook-Blight,Inc. ADDRESS 6009 Harford Rd. Baltimore 14, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9571

09575

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore City~~ Catonsville
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Nursing Home 5743 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 423 N. Milton Ave. 3101 4

3. NAME OF DECEASED (Type or Print) (First) ASIA (Middle) MINA (Last) WERNER

4. DATE OF DEATH (Month) October (Day) 23. (Year) 1955

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Oct. 15. 1865

9. AGE last birthday 90 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Farwell - Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis C. Ingram

14. MOTHER'S MAIDEN NAME ? Marston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr. George Werner. 423 N. Milton Ave. ~~Baltimore 24 Md.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Congestive Heart Failure — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion with myocardial infarct — 6 wks

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1955 to Oct. 23, 1955, that I last saw the deceased alive on October 20, 1955, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE J. Nelson McKay (Degree or title) M.D. ADDRESS 6014 Forrest Ave. Balto 28 Md. DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Oct. 26. 1955 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 10/25/55 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS Baltimore Md.

Henry F. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09576

9572

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT. 1 BOX # 380 THOMPSON BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) RT. 1 BOX # 380 THOMPSON BLVD.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) JOSEPH (Last) WIECZYNSKI-WISE

4. DATE OF DEATH: (Month) OCT. (Day) 10, (Year) 1955.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: DEC. 27, 1907.
9. AGE last birthday 47 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAB. TECH.
10B. KIND OF BUSINESS OR INDUSTRY: GENERAL ELECTRIC
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FELIX WIECZYNSKI
14. MOTHER'S MAIDEN NAME: MOLLIE CIESLAK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-05-5327
17. INFORMANT & ADDRESS: MARY C. WIECZYNSKI SAME.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193 X
IMMEDIATE CAUSE (A) Malignancy of Spine (adeno carcinoma) — 2
DUE TO
ANTECEDENT CAUSE (S) (B) Pyelo-Nephritis — 6 weeks
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Decubitus Ulcers — 4 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 1955
19B. MAJOR FINDINGS OF OPERATION: Malignancy of Spine
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Oct 10 1955 that I last saw the deceased alive on Oct 10, 1955, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE Morris G. Jacob M.D. ADDRESS 1010 North Point Rd. DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-14-55.
NAME OF CEMETERY OR CREMATORY SACRED HEART OF MARY
LOCATION (City, town, or county) (State) GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles S. Gerber ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09577

CERTIFICATE OF DEATH

9573

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sorensen Nursing Home

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7912 Ruxway Rd. 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 6523 Langdale Rd. #6

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) WILLIAMS

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 24, 1879

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rtd Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -- Crispens

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Elmer H. Packie, Jr.-6523 Langdale Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Myocardial Hypertrophy with dilation — 2 days.

DUE TO

ANTECEDENT CAUSE (S) (B) Myocarditis chronic — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) General Arteriosclerosis. — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1955, to Oct. 3, 1955, that I last saw the deceased alive on Oct. 2, 1955, and that death occurred at 8.00 P M, from the causes and on the date stated above.

SIGNATURE James Graham Marston, M. D. ADDRESS 516 Cathedral St DATE SIGNED 10-5-1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/6/55 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10-5-55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Wm. J. Tietner & Sons — ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09578

9574

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 30 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore — 3V01-4

STREET ADDRESS (If rural give location): 912 Shuter Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) G. (Last) WILSON

4. DATE OF DEATH (Month) October (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/13/14

9. AGE last birthday: 41 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George L. Wilson

14. MOTHER'S MAIDEN NAME: Virginia MN: Madison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 212-12-7580

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hospital, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

286.4 IMMEDIATE CAUSE (A) CACHEXIA — INTERVAL BETWEEN ONSET AND DEATH: MONTHS

ANTECEDENT CAUSE(S) DUE TO (B) DIETARY INSUFFICIENCY (?) — SEV. YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 26, 1955, to Oct. 26, 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE: William E. VandeGrift M.D. — ADDRESS (Street, city, town, state): VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 10-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/31/55 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

24. REC'D BY REGISTRAR, DATE: Oct. 29-55 — REGISTRAR'S SIGNATURE: Dawson L. Farber

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Charles R. Law Mortuary, 802-04 Madison Ave. Baltimore 1, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09579

9575 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): Harry Repp Worman

2. DATE OF DEATH: Oct. 19, 1955

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2519 Cedar Drive
C. City or Town: Baltimore
D. STREET ADDRESS (If rural, give location): 2519 Cedar Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2519 Cedar Drive

X

X

X

Baltimore #7

c. Length of stay in Baltimore: 50 yrs. (Yrs. / Mos. / Days)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 13, 1882
9. AGE (In years last birthday): 73 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Otis Elevator Co.
11. BIRTHPLACE (State or foreign country): Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Moses Worman
14. MOTHER'S MAIDEN NAME: Amanda Jane Repp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-0410
17. INFORMANT: H. Richard Worman — ADDRESS: 2519 Cedar Drive.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 da

DUE TO

(B) Cerebral Thrombosis — 6 mos

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

141X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/20, 19 55, *to* 10/19, 19 55, *that I last saw the deceased alive on* 10/19, 19 55, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Laulcaitis M. D.
23B. ADDRESS: 679 Washington Blvd
23C. DATE SIGNED: 10/19/55

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/22/1955
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Frederick, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 10-20-55
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Ellsworth Funeral Home — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINTIFF UNFADING INK. Every item of information should be carefully supplied. correct age is especially in. Physicians: please write the causes of death clearly and legibly.

U.S. A15 — 10 - 53

9576

09580 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
LENGTH OF STAY (in this place) 1 yr 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis 02X-2
STREET ADDRESS (If rural, give location) R F D # 1

3. NAME OF DECEASED: (Type or Print) (First) Brice (Middle) John (Last) WORTHINGTON

4. DATE OF DEATH (Month) October (Day) 22, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 17, 1864

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. John Worthington

14. MOTHER'S MAIDEN NAME: Mathilda Pue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Records: Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
902.7 Immediate cause	(a) Terminal bronchopneumonia	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senility	?
DUE TO		
	(c) Fracture left femur	3 weeks

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospward

21c. (City or town) Catonsville (County) Baltimore (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/1/55 ? M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell from bed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. S. M. Kieffer 1010 Leader
Geo. S. M. Kieffer, M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/24/55
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Crownsville (State) Md.

DATE REC'D BY LOCAL REG. Oct. 24
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor + Sons
ADDRESS Annapolis, Md.

VS. A15A - 5 - 53

9577

09581

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 31

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN WOODLAWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6900 CARL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 6900 CARL AVE X
STREET ADDRESS (If rural, give location) WOODLAWN, MD.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) G. (Last) YAEGER

4. DATE OF DEATH (Month) OCT. (Day) 29 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 27, 1903

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): POULTRY RAISER

10b. KIND OF BUSINESS OR INDUSTRY: POULTRY-S. E.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE J. YAEGER

14. MOTHER'S MAIDEN NAME: ELIZ. M. SCHWARTZKOPF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. J. B. Yaeger, 6900 Carl Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. W. Kieffer 1010 Reisterstown M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct. 31, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-2-55

NAME OF CEMETERY OR CREMATORY Cathedral Cem.

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 11-1-55

REGISTRAR'S SIGNATURE August C. Bonsall

24. FUNERAL DIRECTOR Farley Funeral Home

ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09582

9578

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 18yr2mos17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2448 West North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Giannone (Last) Yakel

4. DATE OF DEATH: (Month) October (Day) 3, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-10-1899
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack Morrison
14. MOTHER'S MAIDEN NAME: Amanda Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171X

IMMEDIATE CAUSE (A) Carcinoma of Cervix with metastases

DUE TO

ANTECEDENT CAUSE (B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1- , 19 55 to 10-3- , 19 55 that I last saw the deceased alive on 10-3- , 19 55, and that death occurred at 2:00P M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/5/55
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) (State) Balto, Md.

DATE REC'D BY LOCAL REGISTRAR 10/4/55
REGISTRAR'S SIGNATURE C. E. Harvey
24. FUNERAL DIRECTOR MacNabb & Son
ADDRESS 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

09583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9579

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2941 Manns Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville X
STREET ADDRESS (If rural give location) 2941 Manns Ave.

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) AGNES (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Dec. 4, 1884
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Motor Registration
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John William Harvey Burgoon
14. MOTHER'S MAIDEN NAME: Emma Virginia Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Leo A. Zimmerman - 2941 Manns Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155X

IMMEDIATE CAUSE (A) Carcinomatosis

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Primary organ Gall Bladder.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1955 to Oct 4, 1955, that I last saw the deceased alive on Oct 4, 1955, and that death occurred at 7:00 P. M, from the causes and on the date stated above.

SIGNATURE Frank I. Karik, Jr. M. D. ADDRESS 9005 Harford Rd DATE SIGNED 10/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/7/55
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-6-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tichner & Sons
ADDRESS Balto 17 Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53